



DEPARTMENT OF ADMINISTRATION  
STATE PERSONNEL DIVISION  
EMPLOYEE BENEFITS BUREAU  
STATE OF MONTANA

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1-800-287-8266  
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TO: Members of the State Employee Benefits Plan  
FROM: Employee Benefits Bureau  
DATE: September 29, 2005  
SUBJECT: Status of the Plan and Changes for 2006

Welcome to the Annual Benefit Change period for the 2006 plan year. Along with this booklet you will receive your personalized *Individual Benefits Statement Form*. We invite you to review these materials and attend the annual change presentations to hear more information about how your benefits work and how you can make the optimal use of them.

#### CHANGES TO NOTE FOR 2006

- **NO OUT-OF-POCKET PREMIUM INCREASES FOR MOST MEMBERS!**
  - ✓ **Employees and their dependents** will see no out-of-pocket increase in premium costs depending on medical plan selected. In some cases, employees or families may actually see **a reduction of up to \$49 per month** in their net out-of-pocket premium costs!
  - ✓ **Retirees and their dependents** out-of-pocket costs for premiums can increase or decrease depending on the medical plan selected and whether you are Medicare eligible or not.
    - For the Traditional Plan, rates for non-Medicare retiree premiums increased by \$50 per month in response to the increase in state share contribution and administrative cost.
    - For Medicare retirees, **premiums decrease between \$29-55 per month** depending on which medical plan is chosen.

*Please compare options carefully to select the right choice for you and your family.*

#### Status of the Plan

Going into the 2006 plan year we are able to report that the Employee Benefit Plan is in a good financial position. We have not had to make changes to deductibles and out-of-pocket cost sharing since 2003. At this point in time we have sufficient funds to meet all of our statutorily required claims liabilities as well as an additional reserve which was recommended to permit us to maintain longer term stability in the Plan.

For the third year in a row, we are able to provide some relief to plan members in the form of lower premiums, depending on the medical plan chosen. This year, we are able to extend some of the premium reductions to retirees as well.

We encourage you to take the time to review this packet carefully and make selections regarding your benefits choices. Please review the schedule of Annual Change Presentations on page 3 of this booklet and plan to attend one of those meetings in your area. This is an excellent way to learn about your benefits, get your questions answered, and hear what other Plan members ask regarding benefits. If you are unable to attend a presentation, please call us at 1-800-287-8266 or 444-7462 (in Helena) and we will be happy to assist you.

We look forward to seeing you at the annual change presentations and please remember that **the deadline for submitting benefit changes for 2006 is October 24, 2005.**

# EMPLOYEE BENEFITS ANNUAL CHANGE BOOKLET

Welcome to the Annual Change period for the 2006 Benefit Plan Year. This is your **only** opportunity to elect or change certain benefit options for the upcoming year, so please take the time to review this information. The State's comprehensive package of benefits is an important part of employees' compensation, and we want to help employees make the most of their benefits. To further that goal, the Annual Change Booklet is designed to assist you in understanding and accessing your benefits.

## INSTRUCTIONS

1. Read this booklet.
2. Attend a Benefits Presentation (schedule is listed on page 3). Family members are welcome!
3. Decide what benefit options you will elect for the 2006 Benefit Plan Year. You may use the "Monthly Out-of-Pocket Benefit Premium Cost" work sheet on page 5 to determine your out-of-pocket costs for your selected 2006 benefit options.
4. Complete the 2006 Individual Benefits Statement Form. The form is available from your payroll technician.
5. Complete your Individual Benefits Statement Form including your signature and date. Forms must be postmarked to the Employee Benefits Bureau by **October 24, 2005**.
6. Watch for your Confirmation Statement and verify your enrollment during the **week of November 21, 2005**.

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# HELENA BENEFITS PRESENTATION SCHEDULE

## EMPLOYEES & RETIREES:

Date	Time	Location
Monday, October 3	1 - 3 PM	DPHHS Auditorium
Tuesday, October 4	9-11 AM 1 - 3 PM	DPHHS Auditorium
Wednesday, October 5	1 - 3 PM	DPHHS Auditorium
Friday, October 7	9-11 AM 1 - 3 PM	DPHHS Auditorium
Monday, October 17	9 - 11 AM 1 - 3 PM	DOT Auditorium
Tuesday, October 18	9 - 11 AM	DPHHS Auditorium
Thursday, October 20	1-3 PM	DPHHS Auditorium

## RETIREES:

Date	Time	Location
Monday, October 3	9 - 11 AM	DPHHS Auditorium
Wednesday, October 5	9 - 11 AM	DPHHS Auditorium

# OTHER CITY BENEFITS PRESENTATION SCHEDULE

## EMPLOYEES AND RETIREES:

City	Date	Time	Location	
Billings	Friday, October 21	10 - 12 PM	MSU Billings (EMC)	Student Union Building Lewis & Clark Room
Boulder	Thursday, October 6	9 - 11 AM	MT Development Center	Treatment Services Rm 118
Bozeman	Thursday, October 20	10 - 12 PM	Best Western City Center	507 W Main (Gallatin Rm)
Deer Lodge	Thursday, October 6	1 - 3 PM	National Guard Armory	295 Golf Course Rd.
Glasgow	Monday, October 17	9 - 11 PM	Francis Mahon Hospital	<b>Via METNET conference</b>
Glendive	Monday, October 17	9 - 11 AM	Glendive Medical Center	<b>Via METNET conference</b>
Great Falls	Wednesday, October 19	9 - 11 AM** 1 - 3 PM**	MSU College of Technology School for the Deaf & Blind	Heritage Hall
Havre	Tuesday, October 18	10 - 12 PM 1 - 3 PM	MSU Northern	Ballroom
Kalispell	Thursday, October 13	9 - 11 AM 1 - 3 PM	Outlaw Inn	1711 Hwy 93 South Winchester/Remington Rm
Lewistown	Tuesday, October 11	10 - 12 PM	Yogo Inn - Sapphire Room	211 East Main
Libby	Wednesday, October 12	9 - 11 PM	City Hall	952 E. Spruce Ponderosa rm
Miles City	Monday, October 17	9 - 11 AM	Miles Community College Room 106	<b>Via METNET conference</b>
Missoula	Friday, October 14	9 - 11 AM 1 - 3 PM	Wingate Inn	5252 Airway Blvd Ballroom
Shelby	Monday, October 17	9 - 11 AM	Toole County Hospital	<b>Via METNET conference</b>

\*\* Hearing Impaired Interpreter

If auxiliary aids/equipment are needed, please call 1-800-287-8266 or TDD relay at 1-800-253-4091 at least one week prior to presentation. 3

# GLOSSARY

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## **Allowable charges**

A set dollar allowance for procedures/services that are covered by the plan.

## **Benefit year/Plan year**

The period starting January 1 and ending December 31 of each year.

## **Certification/pre-certification**

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

## **Coinsurance**

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

## **Copayment**

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

## **Covered charges**

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

## **Deductible**

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

## **Formulary**

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

## **In-network providers**

Providers who contract with a managed care plan to manage the delivery of care for plan members.

## **Joint Core**

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum with a slightly lower premium than enrolling separately.

## **Managed care medical plan**

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

## **Nonformulary**

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

## **Out-of-network provider**

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

## **Out-of-pocket maximum**

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

## **Participating provider**

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

## **Primary Care Provider**

A provider that coordinates a member's medical care and provides referrals for specialty care.

## **Prior authorization**

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

# MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

## STATE CONTRIBUTION FOR 2006

ACTIVE EMPLOYEES \$ 506.00 (a)  
 RETIREES \$ 0.00 (a)

## CORE BENEFITS

MEDICAL PLAN (See rates on pages 6 & 7) CHOOSE ONE 
 Traditional: \$ \_\_\_\_\_ (b)  
 Blue Choice: \$ \_\_\_\_\_ (b)  
 New West: \$ \_\_\_\_\_ (b)  
 Peak Health: \$ \_\_\_\_\_ (b)

DENTAL PLAN (See rates on page 15) \$ \_\_\_\_\_ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 22 – Retirees, please see eligibility section) \$ 1.76 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ \_\_\_\_\_ (e)

## OPTIONAL BENEFITS (Retirees are only eligible for Long-Term Care and Vision in this section)

FLEXIBLE SPENDING ACCOUNTS (Page 20) Medical FSA \$ \_\_\_\_\_ (g)  
 Dependent Care FSA \$ \_\_\_\_\_ (h)  
 Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ \_\_\_\_\_ (i)

VISION PLAN (See Rates on Page 16 - Elections made for 2005 will continue in 2006)) \$ \_\_\_\_\_ (j)

LIFE INSURANCE (See rates on page 22) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ \_\_\_\_\_ (k)  
 Optional Employee Life (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (l)  
 Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (m)  
 Accidental Death & Dismemberment (\$.020 or \$.030 (with dependents) x every \$1,000 of coverage) \$ \_\_\_\_\_ (n)

LONG TERM DISABILITY (See Rates on Page 23) \$ \_\_\_\_\_ (o)

LONG TERM CARE (See Rates on Pages 26 & 27) \$ \_\_\_\_\_ (p)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n, o and p = \$ \_\_\_\_\_ (q)

## TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2006 BENEFITS

CORE BENEFITS Enter amount from line e \$ \_\_\_\_\_ (r)  
 OPTIONAL BENEFITS Enter amount from line q \$ \_\_\_\_\_ (s)  
 TOTAL BENEFITS Add lines r and s \$ \_\_\_\_\_ (t)  
 STATE CONTRIBUTION Enter amount from line a \$ \_\_\_\_\_ (u)  
 TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2006 BENEFITS Subtract line u from t \$ \_\_\_\_\_

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315  
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200  
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325  
www.healthinonetmt.com

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## MEDICAL RATES

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Monthly Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$475	\$459	\$431	\$388
Employee & spouse	\$647	\$622	\$593	\$538
Employee & children	\$601	\$578	\$552	\$501
Employee & family	\$675	\$648	\$618	\$561
Joint Core	\$535	\$516	\$493	\$448

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## MEDICAL PLAN COSTS

**Annual Deductible\***  
*(Applies to all services, unless otherwise noted or a co-payment is indicated)*

**Coinsurance Percentages (% of allowed charges member pays)**  
General  
Preferred Facility Services *(See pages 34-35 for a list of preferred facilities)*  
Nonpreferred Facility Services *(See page 34 for a list of non-preferred facilities)*

**Annual Out-of-Pocket Maximums\***  
*(Maximum coinsurance paid in the year; excludes deductibles and copayments)*

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## MEDICAL PLAN SERVICES

**Hospital Services**  
*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

# BENEFIT YEAR 2006

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## NON-MEDICARE MEDICAL RATES (under age 65)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Retiree	\$475	\$459	\$431	\$388
Retiree & spouse	\$647	\$622	\$593	\$538
Retiree & children	\$601	\$578	\$552	\$501
Retiree & family	\$675	\$648	\$618	\$561
Retiree & Medicare spouse	\$558	\$537	\$514	\$467
Retiree & Medicare spouse and child	\$586	\$564	\$538	\$489

## MEDICARE MEDICAL RATES (age 65 + )

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Medicare retiree	\$186	\$186	\$173	\$155
Medicare retiree & spouse	\$394	\$382	\$368	\$335
Medicare retiree & children	\$334	\$326	\$314	\$287
Medicare retiree & family	\$416	\$403	\$387	\$353
Medicare retiree & Medicare spouse	\$345	\$336	\$324	\$295
Medicare retiree & Medicare spouse & family	\$381	\$370	\$356	\$324

### TRADITIONAL PLAN

### MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT

NEW WEST - Administered by New West Health Plan

PEAK - Administered by Peak Health Plan

#### Administered by BCBS

#### In-Network Benefits

#### Out-of-Network Benefits

\$550/Member  
\$1,650/Family

\$400/Member  
\$800/Family

Separate \$500/Member  
Separate \$1,000/Family

25%  
20%  
35%

25%

35%

Average of \$2,500/Member  
(20% - 35% of \$10,000 in allowable charges)

\$2,000/Member  
\$4,000/Family

Separate \$2,000/Member  
Separate \$4,000/Family

Average of \$5,000/Family  
(20% - 35% of \$20,000 in allowable charges)

**\*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).**

#### Member Coinsurance:

#### Member Coinsurance/Copayment:

#### Member Coinsurance:

20% - 35%

25%

35%

20% - 25%

25%

35%

20% - 25%

25%

35%

20% - 35%

25%

35%

20% - 35%

25%

35%

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN COSTS

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### Physician Services

Office Visits

Inpatient Physician Services

Lab/Ancillary/Miscellaneous Charges

### Emergency Services

Ambulance Services for Medical Emergency

Emergency Room

Hospital Charges

Professional Charges

### Urgent Care Services

Facility/Professional Charges

Lab & Diagnostic Charges

### Maternity Services

Hospital Charges

Physician Charges

Prenatal Office Visits

### Routine Newborn Care

Inpatient Hospital Charges

### Preventive Services

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (Pneumonia and Flu) and Allergy Shots

Child Checkups and Immunizations

### Mental Health Services

Inpatient Services

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

**Max:** One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

# BENEFIT YEAR 2006

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TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (no deductible some lab & diagnostic included)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or outpatient surgery coinsurance applies)	\$75/visit for facility charges only
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for <b>routine office visits</b>	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) <b>Max:</b> 2 bone density tests/lifetime <b>Max:</b> \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and other limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35% (plan pays \$75.00 for mammograms - no deductible)
Not covered	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 5)	\$15/visit <b>Max:</b> Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35% 21 days (No max for severe conditions)
25% <b>Max:</b> 40 visits (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits (No max for severe conditions)
50% <b>Max:</b> 20 visits (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits (No max for severe conditions)

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN COSTS

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### Chemical Dependency

#### Inpatient Services\*

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

#### Outpatient Services\*

With EAP counselor referral

With NO EAP counselor referral

\*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

### Rehabilitative Services

#### Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy

##### Inpatient Services

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

##### Outpatient Services

### Alternative Health Care Services

#### Acupuncture

#### Naturopathic

#### Chiropractic

### Extended Care Services *(Physician ordered/prior authorization recommended)*

#### Home Health Care

#### Hospice

#### Skilled Nursing

### Miscellaneous Services

#### Dietary/Nutritional Counseling

*(When medically necessary and physician ordered)*

#### Durable Medical Equipment, Appliances, and Orthotics

*(Prior authorization required for amounts >\$1,000)*

#### PKU Supplies

### Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

#### Transplant Services

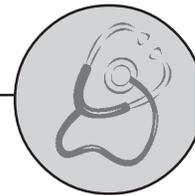
#### **Lifetime Maximums:**

# BENEFIT YEAR 2006

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TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35%	25%	35%
25% <b>Max:</b> 40 visits and Dollar Limit*	\$15/visit <b>Max:</b> Dollar Limit*	35% <b>Max:</b> Dollar Limit*
50% <b>Max:</b> 20 visits and Dollar Limit*	\$15/visit <b>Max:</b> Dollar Limit*	35% <b>Max:</b> Dollar Limit*
20% - 35% <b>Max:</b> 60 days	25% <b>Max:</b> 60 days	35% <b>Max:</b> 60 days
20% - 35% <b>Max:</b> \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit <b>Max:</b> 30 visits	35% <b>Max:</b> 30 visits
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) <b>Max:</b> 25 visits in any combination	\$15/visit <b>Max:</b> 20 visits	35% <b>Max:</b> 20 visits
25% <b>Max:</b> 70 days	\$15/visit <b>Max:</b> 30 visits	35% <b>Max:</b> 30 visits
25% (20% - 35% if hospital-based) <b>Max:</b> 6 months	25% <b>Max:</b> 6 months	35% <b>Max:</b> 6 months
25% (20% - 35% if hospital-based) <b>Max:</b> 70 days	25% <b>Max:</b> 30 days	35% <b>Max:</b> 30 days
20% - 35% <b>Max:</b> \$250	\$15/visit	35%
25% <b>Max:</b> \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) <b>Max:</b> \$100 for foot orthotics (per foot)	35% <b>Max:</b> \$100 for foot orthotics (per foot)
25%	Plan pays for 100% for services	35%
25%	25%	Not covered
<ul style="list-style-type: none"> <li>• Liver: \$200,000</li> <li>• Heart: \$120,000</li> <li>• Lung: \$160,000</li> <li>• Heart/Lung: \$160,000</li> <li>• Bone Marrow: \$160,000</li> <li>• Pancreas: \$68,000</li> <li>• Cornea/Kidney: No maximum</li> </ul>	\$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	

# MEDICAL INSURANCE PLANS - 2006



Administered by:  
Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • [www.bluecrossmontana.com](http://www.bluecrossmontana.com)  
New West Health Plan • 1-800-290-3657 or 457-2200 • [www.newwesthealth.com](http://www.newwesthealth.com)  
Peak Health • 1-866-368-7325 • [www.healthinfontmt.com](http://www.healthinfontmt.com)

## WHO IS ELIGIBLE?

Employees, Legislators, Retirees, and COBRA members of the State Benefit Plan are eligible for the Medical Insurance Plan.

## HOW TO DECIDE THE RIGHT PLAN FOR YOU

1. Read about each plan in the General Information section on this page.
2. Review and compare each plan's costs, deductibles and services in the Benefits Summary, starting on page 6.
3. Review your typical health care needs compared with the benefit structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 31-33, along with the provider directories beginning on page 36.
5. Determine which plan will work best for your family.
6. If you choose to change plans for the 2006 benefit year, indicate your choice on the Individual Benefit Statement.



### CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

[www.newwesthealth.com](http://www.newwesthealth.com)

[www.healthinfontmt.com](http://www.healthinfontmt.com)

## GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

### TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

#### How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full

payment. **Please verify a provider is currently participating by calling BCBS.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

#### Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 34 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

#### Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

## MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

### How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

### In-Network Benefits

When joining a managed care plan, members choose a Primary Care Physician (PCP) who is a member of the plan's network providers. The PCP oversees the member's care. A referral/authorization is not required for the plan member to see an in-network specialist. Referrals/authorizations are required to see an out-of-network specialist and still receive the plan's in-network benefits.

## Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

## Major Plan Differences

The major differences in the managed care plans are in the services the office visit copayment covers and the process for referrals.

The office visit copayment with the New West plan only includes lab and diagnostic services that are preventive.

For both the Blue Choice and Peak Health plans, the office visit copayment includes any lab and/or diagnostic service that is rendered and billed in conjunction with the office visit.

To obtain a referral for the New West plan, contact New West directly. Referrals for the Blue Choice and Peak Health plans are obtained through your Primary Care Provider.

## Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

## SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 31-33 for a complete listing of covered zip codes for each plan.

## Blue Choice

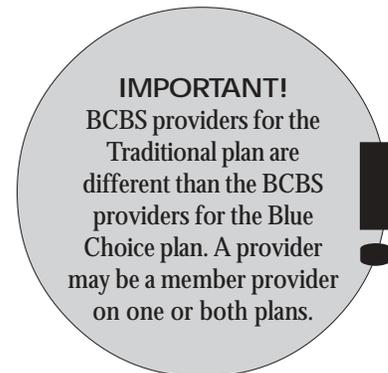
This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, and Miles City.

## New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, and Miles City.

## Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, Miles City, and the surrounding communities.



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## ELIGIBILITY CHANGE BEGINNING OCTOBER 2005!

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In response to a recent Supreme Court decision, the State Health Plan is amending eligibility rules to allow coverage for both Common-Law and Domestic Partners beginning October 1, 2005.

**To enroll dependents**, submit an Enrollment/Change form and the appropriate declaration form to the Employee Benefits Bureau. These forms can be obtained at the Employee Benefits Bureau website at: [www.hr.mt.gov/benefits/forms.asp](http://www.hr.mt.gov/benefits/forms.asp). Coverage will be effective the first day of the pay period following receipt of completed enrollment forms.

The following criteria listed must be met to add a dependent under the expanded eligibility rules.

Common-Law partners must attest to the following:

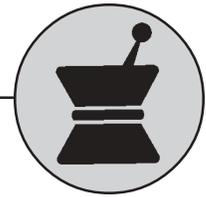
1. We are both at least 18 years of age; or if between the ages of 16 and 18, have obtained appropriate parental or guardian consent;
2. We share a primary place of residence and have held ourselves out to the community as being married;
3. There is no legal impediment to our marriage, including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce;
4. Neither of us is related to the other as a parent, brother or sister, half brother or half sister, niece, nephew, aunt, uncle, grandparent, or grandchild;
5. We have a financially-interdependent relationship as evidenced by at least one of the following:

- a. Mutually-granted powers of attorney or mutually-granted health care powers of attorney;
- b. Designation of each other as primary beneficiary in wills, life insurance policies, or retirement plans.

Domestic partners must attest to the following:

1. We are both at least 18 years of age;
2. We share a primary place of residence;
3. Neither of us is legally married to another person;
4. Neither of us is related to the other as a parent, brother or sister, half brother or half sister, niece, nephew, aunt, uncle, grandparent, or grandchild;
5. We have a financially-interdependent relationship as evidenced by at least one of the following:
  - a. Mutually-granted powers of attorney or mutually-granted health care powers of attorney;
  - b. Designation of each other as primary beneficiary in wills, life insurance policies, or retirement plans;

# PRESCRIPTION DRUG PLAN - 2006



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

**Retail Pharmacy Deductible**  
 \$100/Member  
 \$300/Family

**Mail Order Pharmacy Deductible**  
 \$0/Member  
 \$0/Family

**Out-of-Pocket Maximums**  
 Each Prescription \$250  
 Each Member \$1,400/year  
 Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all state employees and retirees. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the PharmaCare website at [www.pharmacare.com](http://www.pharmacare.com).

Formulary drug listings can also be found at the PharmaCare website.

### Mail Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Employee Benefits or at the PharmaCare website at [www.pharmacare.com](http://www.pharmacare.com).

### PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

### PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

### SPECIALTY PHARMACY

This program provides assistance and resources for members with special needs who take high dollar oral, intravenous, or injectable medications for conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Cancer, and Hepatitis. Call 1-866-856-2093 for more information.

### MEDICARE PRESCRIPTION COVERAGE FOR RETIREES

The new Medicare Prescription drug program enrollment begins November 1, 2005 and retirees (age 65+) will need to decide whether to enroll. Keep in mind that the State's prescription drug plan has been determined to be equal to or better than the coverage offered by Medicare. Enrollment in the Medicare Prescription Drug plan could jeopardize your continuation with the State plan. Please check our website for more information ([www.hr.mt.gov](http://www.hr.mt.gov)) and plan to attend an Annual Change presentation (listed on page 3) for your opportunity to ask questions.

# DENTAL PLAN - 2006



Administered by Blue Cross/Blue Shield of Montana  
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

**Deductible**  
\$50/Member  
\$150/Family

**Monthly Premiums**

Member/Retiree only	\$27.80
Member/Retiree and spouse	\$33.80
Member/Retiree and children	\$40.80
Member/Retiree and family	\$45.80
Joint Core	\$31.80

Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> <li>• One full-mouth X-ray or series in any 36-month period.</li> <li>• One set of supplementary bitewing X-rays in any 180-day period.</li> <li>• Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.)</li> <li>• No deductible or yearly dollar maximum apply.</li> </ul>
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type C) deductible</li> <li>• Subject to \$1,000 combined (with type C) yearly maximum</li> </ul>
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type B) deductible</li> <li>• Subject to \$1,000 combined (with type B) yearly maximum</li> <li>• Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.</li> </ul>

\*\*Of allowable charges.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees are required to continue dental insurance unless they waive the benefit package. Members also choose which dependents to cover. During the Annual Change period, you may add and/or delete dependents from the dental plan by selecting the appropriate boxes on the Individual Benefit Statement.

### SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only.

Each member and dependent has a maximum yearly benefit of \$1,000 for Type B & C services only. The deductible does not apply to Type A preventive services.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

#### Type A Services

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required

in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*

3. Unscheduled minor emergency treatment to relieve pain.

#### Type B Services

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

#### Type C Services

The Dental Plan pays 50 percent of the

allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.

2. Bridges.

3. Repair and rebasing of existing dentures.

4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.

5. Up to \$1,500 per person, per lifetime for dental implants while under the plan. This maximum is separate from the yearly maximum. All related services included in maximum and payable at 50% of allowed charges.

6. Dental sealants, limited to covered dependents under age 16 applied to molars once per tooth per lifetime. Repair and resealing are not covered.

#### Type C Waiting Periods Removed for 2006!

If you are a member who was serving a 12-36 month waiting period for any type C service, your waiting period will be removed as of January 1, 2006.

# VISION PLAN - 2005 & 2006

Administered by VSP Well Vision  
1-800-877-7195 • www.vsp.com

## Monthly Premiums

Member/Retiree only	\$ 8.44
Member/Retiree and spouse	\$13.34
Member/Retiree and children	\$13.60
Member/Retiree and family	\$21.94

## **IMPORTANT!**

**Enrollment in the Vision Plan will only continue for those members who enrolled for 2005.**

**Coverage period is**

**January 1, 2005**

**through**

**December 31, 2006.**

**NO NEW ENROLLMENT FOR 2006**

Covered Services	Frequency	Coverage from a VSP Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	Up to \$45 allowance
Frames	24 months	Up to \$120 allowance	Up to \$47 allowance
Lenses	24 months	\$20 copay applied to lenses & frame	Up to \$45 allowance - single vision Up to \$65 allowance - lined bifocal Up to \$85 allowance - lined trifocal
Contact Lenses	24 months	Up to \$105 allowance	Up to \$105 allowance

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, Retirees, Legislators, spouses, and children are eligible if you elected this coverage last fall during the annual change period.

### NO NEW ENROLLMENT

Employees who enrolled in the vision plan during last annual change period will continue with coverage through December 31, 2006 without the option of cancellation. **Members who did not enroll for 2005 may NOT enroll in 2006.**

### Using Your VSP Benefit

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

### Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the website at [www.vsp.com](http://www.vsp.com) or call member services at 800-877-7195.

### Value Added Discounts

Laser Vision Care - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's website to learn more.

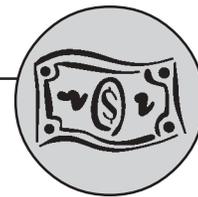
Contact Lenses - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

Prescription Glasses - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

### Out-Of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO Box 997105, Sacramento, CA 95899-7105.

# PRE-TAX PLAN - 2006



Administered by the State of Montana Employee Benefits Bureau  
1-800-287-8266 or 444-7462 in Helena • [www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)

**Benefit of Participation**  
Pre-tax Eligible

## Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, and long term disability.

*\*IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Employee Benefits Bureau of any changes as soon as possible to avoid losing premiums.*

## GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance premiums on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

### WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan.

Your current election will continue unless you change your election on the Individual Benefits Statement form. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

### WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Employee Benefits Bureau right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the EBB of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

### ELIGIBLE BENEFITS

Premiums for the State's insurance plans for medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, and long term disability may be paid pre-tax through the Pre-tax Plan.

### INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan.

### RETIREES & COBRA MEMBERS

Retirees and COBRA members may prepay premiums up to the end of the year on a pre-tax basis. However, if you are thinking about leaving State employment and either taking COBRA or retiring, consider your circumstances carefully before prepaying premiums. If you have mid-

year coverage changes that reduce the amount of your premium, *no refund of premiums is available.*

If you are on COBRA and you or your spouse lose eligibility because you obtain other employment offering coverage or become eligible for Medicare, *no refund of prepaid premiums is available.*

If you are a retiree and no longer need state insurance because of other coverage, *no refund of prepaid premiums is available.*

Consult your tax advisor to determine the specific effect the Pre-tax Plan will have on your taxes.

### LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility due to employment will become ineligible on the last day of the pay period in which the event occurs.

# FLEXIBLE SPENDING ACCOUNTS - 2006

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com



## Account Types

Medical

## Annual Amounts

- Minimum: \$120
- Maximum: \$5,000/Employee

## Qualifying Expense Examples

- Eye exams, contact lenses and solution, glasses, LASIK surgery, dental exams and services, chiropractic care, prescription drugs and insulin, hearing aids and exams, doctor visits, copays, and deductibles.

Dependent Care

- Minimum: \$120
- Maximum: \$5,000/Family

- Day care centers (must comply with state and local laws), baby-sitters, preschool, and general-purpose day camps.

Administrative cost is \$2.16 per month.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

**Retirees are not eligible to participate.**

There are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child, or;
- a change in employment status which warrants the change.

The change must be "on account of" and "consistent with" the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event.

### HOW FSAs WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

### Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the "use it or lose it" provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

### Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. EOB or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

### TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax

benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

### IMPORTANT!

**You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is not automatic!**

## Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

## WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

## Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles

dependent for income tax purposes, such as an older child.

### CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

[www.asiflex.com](http://www.asiflex.com)



A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

## Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

## DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

## Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

## Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

## MEDICAL FSA WORKSHEETS

### ELECTING A MEDICAL FSA AMOUNT

This worksheet will help you decide an appropriate annual election for a Medical FSA. Estimate your total annual health care expenses for the 2006 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

<b>Insured Expenses</b>	2005	Estimated 2006
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

### Out-of-Pocket Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams/Hearing aids	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Total projected out-of-pocket expenses for 2006**      \$ \_\_\_\_\_

**Total out-of-pocket expenses you are sure of  
and want to pay through a Medical FSA**      \$ \_\_\_\_\_

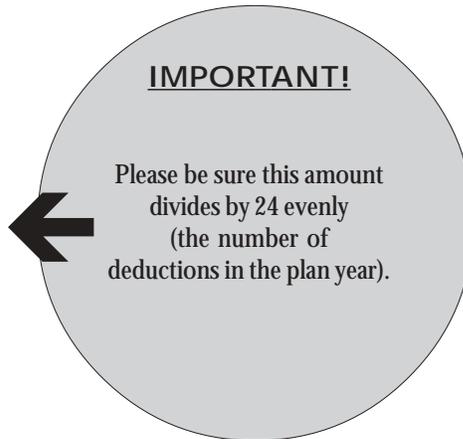
### HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this worksheet to determine an appropriate Dependent Care FSA election.

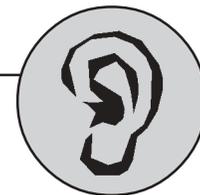
Monthly Care Expenses	Estimated 2006
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>

x 12

**Total Annual Estimated Care Expenses=\$\_\_\_\_\_**



# EMPLOYEE ASSISTANCE PROGRAM - 2006



Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 • www.ReliantBH.com

Covered Services	Costs	Annual Maximums
Short-term Services Counseling Legal Consultations Financial Consultations	• Free • Free • Free	• 4 visits per issue • 1/2 hour consultation • unlimited
Long-term Services Counseling Psychiatric Services Chemical Dependency Services	• 25% with RBH referral • 25% with RBH referral • 25% with RBH referral	• 40 outpatient visits • 40 outpatient visits • 40 outpatient visits

\*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees and retirees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

### THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

### CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to you, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

#### HELP IS HERE!

To schedule an appointment for:

- confidential counseling
- legal or financial services
- maternity services
- 24-hour crisis assistance.

CALL

1-866-750-0512

### PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To login to Personal Advantage

1. Go to [www.ReliantBH.com](http://www.ReliantBH.com)
2. Click on the Register button
3. Follow the Registration instructions.

### 24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

### MATERNITY SERVICES

Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

You can complete a brief assessment with a nurse to determine your pregnancy needs, and you'll receive a useful gift for your participation.

If you or your spouse is pregnant, you can access maternity services including free prenatal vitamins, by simply calling the EAP number 1-866-750-0512.

### LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

# LIFE INSURANCE PLAN - 2006



Administered by The Standard Insurance Company  
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462

## Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.76
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

## Age Rates

Based on employee's age the last day of month

<30 ...	\$ .03
<35 ...	\$ .05
<40 ...	\$ .08
<45 ...	\$ .10
<50 ...	\$ .15
<55 ...	\$ .23
<60 ...	\$ .43
<65 ...	\$ .66
65+ ...	\$ .98

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees and non-Medicare retirees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

During Annual Change you may delete coverage for plans B, C, D, and E. You may add or increase Plan E and apply for coverage or additional coverage under plans C and D. You may decrease coverage in Plan C down to your annual salary, rounded to the next highest \$5,000 increment.

### LIFE AND AD&D PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

### CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

### Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees and is also available to retirees under age 65 who continue state benefits.

### Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

### Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

### Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

### Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

**Employee Only:** Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

**Employee and Dependents:** The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

### MAKING A CHANGE

If you are adding or increasing plans C or D, you will receive a Medical History Statement (application) from the Employee Benefits Bureau. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will subsequently be notified of the underwriting decision and, if approved, of the effective date of your life insurance coverage.

### IMPORTANT!

Rates automatically increase when you move into the next five-year age bracket.

# LONG TERM DISABILITY INSURANCE - 2006



Administered by The Standard Insurance Company  
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462  
[www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)

## Monthly Premiums

\$22.08 per member - Guaranteed enrollment if elected during the Annual Change period for 2006!

## GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

### WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in the medical plan. **Retirees are not eligible to participate.**

### COST

The monthly premium per member is \$22.08 regardless of age or income level.

### ENROLLING

To enroll in the plan, check the “yes” box in the Long Term Disability section of your Individual Benefit Statement.

### BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

### BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65.

If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

### ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable.

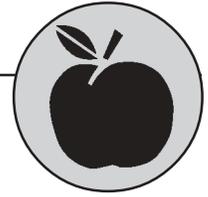
- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

### MORE INFORMATION

Long Term Disability brochures are available to provide more information on the plan. Brochures are available at [www.hr.mt.gov](http://www.hr.mt.gov) or by calling the Employee Benefits Bureau.



# WELLNESS PROGRAMS - 2006



Sponsored by the Employee Benefits Bureau  
1-800-287-8266 or 444-7462 • [www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)

2006 Programs	Cost	Benefits
Health Screenings	Free biennially to member	<ul style="list-style-type: none"> <li>• Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides</li> <li>• Blood pressure and body mass index</li> <li>• Optional health screening tests and flu shots when available</li> <li>• Information on risk reduction through life-style modifications</li> </ul>
Spring Fitness		<ul style="list-style-type: none"> <li>• Team program designed to get people <i>active</i></li> </ul>
Weight Watchers		<ul style="list-style-type: none"> <li>• Helps pay for qualifying employees to join Weight Watchers and get fit with up to \$75 biennial reimbursement</li> </ul>
Smoking Cessation		<ul style="list-style-type: none"> <li>• Helps smokers quit through a step-by-step program, group support, health care provider presentations, and help from former smokers</li> </ul>
Brown Bag Learning Series	Free	<ul style="list-style-type: none"> <li>• This educational brown-bag series offers healthy-living talks by local experts</li> </ul>

## GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

### HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

The health screening is offered free once every two years to the medical plan member. Spouses enrolled in the medical plan are able to get the screening for a nominal fee.

### SPRING FITNESS PROGRAM

This is an 8 week fitness program that is designed to increase activity for members at all fitness levels. Stay tuned for details on this year's challenge and consider being a team captain for 2006!

### WEIGHT WATCHERS

The wellness program will reimburse employees \$75/biennially or the actual cost,

whichever is lower, for any one of these options:

- One 13-week session for the AT WORK Program, or
- One 14-week session for the traditional Weight Watchers meetings, or
- One 14-week session for the traditional Weight Watchers on-line program.

To be eligible for reimbursement for one of these programs, the following four criteria must be met.

**#1 Weight** - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart).

**#2 Attendance** - You must attend at least 75% of the classes offered.

**#3 Achievement** - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor. This means that you need to meet the 10% goal but you can take longer than 13-14 weeks. However, the reimbursement is based on the 13-14 week program costs.

**#4 Exercise** - You must participate in some form of exercise three times per week and keep a journal of your exercise activities.

For more information on program qualifications and reimbursement instructions, call the Wellness Program.

### SMOKING CESSATION HELP

Employees who want to stop smoking may be partially reimbursed for participation in a smoking cessation class. Call the Employee Benefits Bureau for more

information at 444-7462 in Helena or 1-800-287-8266.

### BROWN BAG SERIES

Throughout the year, educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered, including nutrition and dieting, safety, and disease prevention. Notification of topics of upcoming events will be sent via email to payroll technicians and posted on the MINE website.

### TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same. Call the wellness program for more information and a reminder magnet.

### PERSONAL ADVANTAGE WEBSITE

This website offers a wide variety of information to improve your health. You can find information about fitness & exercise, nutrition, weight management, and smoking cessation. You will also find information for all stages of life from maternity and child development to elder care. Just log on to [www.ReliantBH.com](http://www.ReliantBH.com).

# LONG TERM CARE INSURANCE - 2006

Provided by UNUM Life Insurance Company  
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options	Choices
Care Type Plan 1 Plan 2 Plan 3	<ul style="list-style-type: none"> <li>• Facility (<i>nursing home or assisted living</i>)</li> <li>• Facility + Professional Home Care (<i>Provided by a licensed home health organization</i>)</li> <li>• Facility + Professional Home Care + Total Home Care (<i>Care provided by anyone, including family members</i>)</li> </ul>
Monthly Benefit Nursing Home Assisted Living Home Care	<ul style="list-style-type: none"> <li>• \$1,000 - \$6,000</li> <li>• 60% of the selected nursing home amount</li> <li>• 50% of the selected nursing home amount</li> </ul>
Duration 3 year 6 year Unlimited	<ul style="list-style-type: none"> <li>• 3 years Nursing Home</li> <li>• 6 years Nursing Home</li> <li>• Unlimited Nursing Home</li> <li>• or 5 years Assisted Living</li> <li>• or 10 years Assisted Living</li> <li>• or Unlimited Assisted Living</li> <li>• or 6 years Home Care</li> <li>• or 12 years Home Care</li> <li>• or Unlimited Home Care</li> </ul>
Inflation Protection Yes No	<ul style="list-style-type: none"> <li>• 5% compounded annually</li> <li>• No protection</li> </ul>

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

### ENROLLMENT

If you would like to sign-up for the plan, check the "Long Term Care Insurance Plan Enrollment Kit" request box on your Individual Benefits Statement Form. You may also request an enrollment kit by calling the Employee Benefits Bureau at 1-800-287-8266 or 444-7462 in Helena.

### LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

### Types of Care

**Plan 1:** Facility (Nursing Home or Assisted Living)

**Plan 2:** Facility plus Professional Home Care (provided by a licensed home health organization)

**Plan 3:** Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

### Monthly Benefit Amounts

• Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

• Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

• Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

### Duration

**Three Year:** Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

**Six Years:** Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

**Unlimited:** Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

### Inflation Protection

**Yes:** An inflation protection of 5 percent will be compounded annually.

**No:** No inflation protection will be provided.

### GREAT NEWS!

**Employees who choose to enroll during this Annual Change Period are not subject to evidence of insurability and are guaranteed enrollment.**

# LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

For rates  
with Inflation  
Protection,  
see page 30

### PLAN 1

Long-Term Care Facility  
Non-forfeiture

### PLAN 2

Long-Term Care Facility  
Non-forfeiture

### PLAN 3

Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration Age 18 - 30	PLAN 1			PLAN 2			PLAN 3		
	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
31	1.70	2.10	2.80	2.60	3.40	4.70	4.00	5.30	7.60
32	1.70	2.20	2.90	2.60	3.60	4.90	4.10	5.60	7.90
33	1.80	2.30	2.90	2.70	3.70	5.00	4.20	5.70	8.00
34	1.80	2.30	3.00	2.80	3.70	5.10	4.30	5.80	8.20
35	1.90	2.40	3.10	2.90	3.90	5.20	4.40	6.00	8.50
36	1.90	2.60	3.20	2.90	4.00	5.40	4.50	6.20	8.70
37	2.00	2.70	3.30	3.10	4.20	5.60	4.70	6.40	9.00
38	2.10	2.80	3.40	3.20	4.30	5.80	4.90	6.70	9.30
39	2.20	2.90	3.60	3.40	4.50	6.00	5.10	6.80	9.60
40	2.30	3.00	3.80	3.50	4.60	6.20	5.20	7.10	10.00
41	2.40	3.10	4.00	3.60	4.80	6.60	5.50	7.40	10.40
42	2.50	3.30	4.00	3.80	5.00	6.70	5.70	7.70	10.70
43	2.60	3.40	4.30	3.90	5.30	7.10	5.90	8.00	11.20
44	2.70	3.60	4.50	4.10	5.50	7.40	6.20	8.40	11.80
45	2.90	3.80	4.70	4.30	5.80	7.70	6.50	8.80	12.30
46	3.00	4.00	5.00	4.50	6.10	8.10	6.80	9.30	12.90
47	3.30	4.20	5.30	4.70	6.30	8.50	7.10	9.80	13.60
48	3.40	4.50	5.60	4.90	6.70	8.80	7.50	10.30	14.30
49	3.70	4.70	5.90	5.20	6.90	9.20	7.90	10.80	15.10
50	3.90	5.10	6.30	5.40	7.30	9.70	8.30	11.40	16.00
51	4.20	5.40	6.80	5.80	7.60	10.20	8.90	12.10	16.90
52	4.50	5.80	7.20	6.10	8.10	10.80	9.50	12.90	18.00
53	4.80	6.20	7.70	6.50	8.50	11.30	10.00	13.50	19.00
54	5.10	6.60	8.20	6.80	9.00	11.90	10.50	14.30	20.10
55	5.50	7.10	8.70	7.30	9.60	12.50	11.20	15.30	21.20
56	6.00	7.70	9.50	7.70	10.20	13.40	11.90	16.30	22.80
57	6.50	8.40	10.30	8.30	10.90	14.20	12.80	17.50	24.40
58	7.10	9.10	11.20	8.90	11.70	15.20	13.60	18.70	26.10
59	7.80	9.90	12.20	9.50	12.60	16.30	14.70	20.00	28.00
60	8.50	10.80	13.30	10.30	13.40	17.40	15.70	21.40	30.00
61	9.40	12.00	14.70	11.20	14.70	19.00	17.00	23.40	32.60
62	10.50	13.30	16.20	12.30	16.00	20.50	18.40	25.20	35.20
63	11.60	14.70	18.00	13.40	17.50	22.50	19.90	27.40	38.40
64	12.90	16.40	19.90	14.80	19.20	24.50	21.70	29.90	41.70
65	15.00	18.90	22.90	16.80	21.80	27.70	24.20	33.40	46.60
66	16.60	20.90	25.40	18.50	24.00	30.40	26.10	36.10	50.50
67	18.60	23.40	28.30	20.60	26.60	33.60	28.60	39.50	55.10
68	20.70	25.90	31.40	22.80	29.40	37.20	31.20	43.10	60.10
69	23.00	28.80	34.90	25.20	32.40	41.00	34.10	47.00	65.60
70	25.70	32.00	38.70	28.00	35.90	45.30	37.20	51.40	71.50
71	28.40	35.40	42.80	30.80	39.50	49.80	40.40	55.90	77.70
72	31.60	39.40	47.50	34.20	43.80	55.00	44.20	61.20	84.90
73	34.90	43.30	52.10	37.60	47.90	60.00	48.10	66.50	91.80
74	38.80	48.00	57.60	41.50	53.00	66.10	52.60	72.70	100.00
75	46.50	57.40	68.60	49.60	63.10	78.70	62.20	86.00	118.00
76	51.20	63.30	75.90	54.50	69.40	86.40	67.60	93.60	128.40
77	55.90	69.00	82.70	59.30	75.40	93.80	72.80	100.90	138.30
78	61.50	75.80	90.70	65.00	82.60	102.60	79.20	109.80	150.20
79	67.70	83.40	99.60	71.40	90.60	112.30	86.20	119.50	163.10
80	74.60	91.60	109.30	78.40	99.30	122.90	93.80	130.00	177.10
81	81.70	100.10	119.20	85.60	108.20	133.60	101.40	140.50	190.80
82	90.80	111.10	132.00	95.00	119.80	147.50	111.70	154.60	209.20
83	100.50	122.60	145.50	104.90	132.10	162.20	122.70	169.70	228.90
84	109.90	133.80	158.30	114.60	143.90	176.10	133.20	184.20	247.10

# LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.



**PLAN 1**  
Long-Term Care Facility  
Non-forfeiture

**PLAN 2**  
Long-Term Care Facility  
Non-forfeiture  
Professional Home Care

**PLAN 3**  
Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration		PLAN 1			PLAN 2			PLAN 3		
		3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00	8.20	10.90	14.60	11.50	15.40	21.50
	31	6.10	8.10	10.20	8.30	11.20	14.90	11.70	15.90	22.00
	32	6.20	8.20	10.60	8.50	11.40	15.40	12.00	16.20	22.50
	33	6.50	8.60	10.80	8.70	11.80	15.70	12.20	16.60	23.00
	34	6.60	8.70	11.00	9.00	12.00	16.00	12.50	17.00	23.40
	35	6.90	9.00	11.40	9.30	12.40	16.40	12.90	17.50	24.10
	36	7.00	9.20	11.70	9.50	12.70	16.90	13.20	17.90	24.60
	37	7.20	9.60	12.00	9.70	13.10	17.40	13.50	18.40	25.30
	38	7.50	9.90	12.40	10.10	13.50	17.80	14.00	19.00	26.00
	39	7.70	10.00	12.70	10.40	13.70	18.20	14.30	19.30	26.50
	40	7.90	10.40	13.00	10.60	14.10	18.70	14.60	19.80	27.30
	41	8.20	10.60	13.50	10.90	14.50	19.30	15.10	20.30	28.00
	42	8.40	10.90	13.70	11.20	14.90	19.60	15.40	20.80	28.60
	43	8.60	11.30	14.10	11.50	15.30	20.20	15.90	21.40	29.40
	44	9.00	11.70	14.60	11.90	15.90	20.80	16.40	22.10	30.30
	45	9.20	11.90	14.90	12.30	16.20	21.30	16.80	22.60	31.00
	46	9.60	12.50	15.50	12.60	16.80	22.00	17.30	23.40	32.10
	47	9.90	12.80	16.10	12.90	17.10	22.50	17.90	24.10	33.10
	48	10.20	13.20	16.60	13.20	17.50	23.10	18.40	24.90	34.20
	49	10.70	13.80	17.10	13.70	18.10	23.60	19.10	25.70	35.20
	50	11.00	14.20	17.80	14.00	18.50	24.30	19.60	26.50	36.50
	51	11.50	14.80	18.50	14.60	19.20	25.10	20.50	27.60	38.00
	52	12.10	15.50	19.30	15.10	19.90	25.90	21.30	28.70	39.40
	53	12.40	16.00	19.90	15.40	20.30	26.60	21.90	29.60	40.80
	54	12.90	16.70	20.80	15.90	21.10	27.40	22.60	30.70	42.20
	55	13.80	17.70	21.90	16.70	21.90	28.30	23.50	31.70	43.30
	56	14.50	18.60	23.00	17.40	22.80	29.40	24.50	33.10	45.20
	57	15.30	19.60	24.20	18.30	23.80	30.80	25.80	34.70	47.60
	58	16.20	20.80	25.60	19.10	25.00	32.10	26.90	36.40	49.90
	59	17.10	21.90	26.90	20.00	26.10	33.60	28.20	38.10	52.30
	60	18.30	23.10	28.40	21.10	27.30	35.00	29.60	40.00	54.80
	61	19.70	25.20	30.80	22.50	29.40	37.50	31.50	42.80	58.70
	62	21.40	27.10	33.00	24.20	31.30	39.70	33.50	45.50	62.30
	63	22.90	29.10	35.50	25.70	33.30	42.30	35.50	48.30	66.30
	64	25.00	31.60	38.40	27.80	35.90	45.20	38.00	51.70	70.80
	65	28.10	35.50	43.00	30.90	39.80	50.00	41.70	56.80	77.80
	66	30.40	38.30	46.40	33.10	42.70	53.70	44.20	60.30	82.80
	67	33.20	41.80	50.50	36.10	46.40	58.20	47.60	65.10	89.10
	68	35.90	45.20	54.60	38.90	50.00	62.70	50.80	69.40	95.10
	69	39.20	48.90	59.20	42.30	54.00	67.80	54.60	74.40	102.20
	70	42.30	52.90	64.00	45.50	58.20	73.10	58.20	79.60	109.30
	71	46.10	57.50	69.30	49.40	63.10	78.90	62.40	85.50	117.10
	72	50.20	62.70	75.50	53.70	68.50	85.60	67.20	92.10	125.90
	73	54.10	67.10	80.80	57.70	73.40	91.40	71.80	98.20	134.00
	74	59.00	73.00	87.60	62.60	79.60	98.80	77.20	105.60	143.70
	75	69.20	85.60	102.50	73.30	93.00	115.30	89.70	122.70	166.50
	76	75.30	93.00	111.50	79.50	100.80	125.00	96.40	132.10	179.20
	77	80.60	99.40	119.10	84.80	107.50	133.30	102.00	139.90	189.70
	78	87.40	107.70	128.80	91.80	116.10	143.70	109.50	150.10	203.20
	79	94.10	115.80	138.50	98.70	124.80	154.20	117.00	160.70	217.20
	80	102.20	125.60	149.80	106.90	135.00	166.50	125.80	172.70	233.10
	81	110.20	135.10	161.00	115.10	145.00	178.50	134.40	184.40	248.40
	82	120.80	147.70	175.60	125.80	158.20	194.40	146.00	200.30	269.00
	83	131.70	160.70	190.70	137.00	172.00	210.70	158.40	217.20	290.70
	84	141.70	172.70	204.20	147.30	184.60	225.30	169.40	232.60	309.90

# PHARMACARE NETWORK PHARMACIES

\* Network Pharmacies are subject to change

**MAIL ORDER  
PHARMACIES**

Pharmacare Direct  
1-888-347-5329  
www.pharmacare.com

Ridgeway Pharmacy  
1-800-630-3214  
1-406-777-5425

CITY	PHARMACY
<b>Anaconda</b>	Community Hospital Pharmacy Osco Drug Safeway Pharmacy Thrifty Drug Store
<b>Baker</b>	Baker Rexall Drug Company Lawler Drug
<b>Belgrade</b>	Albertson's/Osco Pharmacy Lee & Dad's Pharmacy
<b>Big Sky</b>	Bozeman Deaconess Pharmacy
<b>Big Timber</b>	Cole Drug
<b>Bigfork</b>	Bigfork Drug
<b>Billings</b>	Albertson's Pharmacy - Central Ave. Albertson's/Osco Pharmacy - Grand Ave. Albertson's/Osco Pharmacy - Central Ave. Albertson's/Osco Pharmacy - North 27th Albertson's/Osco Pharmacy - Main St. Billings Clinic Pharmacy Billings Health & Rehabilitation Community Health Center Pharmacy Costco Pharmacy County Market Pharmacy Deaconess Billings Clinic Aspen Deaconess Medical Center Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Osco Drug - Grand Ave. Pharmacy 1 ShopKo Pharmacy #2106 Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy St. Vincent's Hospital Pharmacy Target Pharmacy Valley Health Care Center Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Westpark Pharmacy Woodrows Pharmacy
<b>Box Elder</b>	Rocky Boy Health Board
<b>Bozeman</b>	Albertson's/Osco Pharmacy Costco Pharmacy Highland Park Pharmacy K Mart Pharmacy 7 Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Student Health Service Pharmacy Wal-Mart Pharmacy Western Drug #6

CITY	PHARMACY
<b>Broadus</b>	Larry's IGA Pharmacy
<b>Butte</b>	Driscoll Drug K Mart Pharmacy Osco Drug Safeway Pharmacy St. James Community Hospital Wal-Mart Pharmacy
<b>Chester</b>	Liberty Drug Westhill Pharmacy
<b>Chinook</b>	Chinook Pharmacy
<b>Choteau</b>	Choteau Drug Inc
<b>Columbia Falls</b>	Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
<b>Columbus</b>	Matovich IGA Discount Drug Snyder Drug Store
<b>Conrad</b>	Olson's Drug Village Drug
<b>Corvallis</b>	Corvallis Drug Store
<b>Culbertson</b>	Culbertson Pharmacy
<b>Cut Bank</b>	Albertson's/Osco Pharmacy DrugMart Pharmacy
<b>Deer Lodge</b>	Keystone Drug Safeway Pharmacy
<b>Dillon</b>	Mitchells Drug Safeway Pharmacy
<b>Ekalaka</b>	Dahl Memorial Hospital NH Pharmacy
<b>Ennis</b>	Ennis Pharmacy
<b>Eureka</b>	Haines Drug - Eureka

# PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
<b>Fairfield</b>	Barrett Drug		Snyder Drug Store Wal-Mart Pharmacy
<b>Fairview</b>	Mondak Pharmacy		
<b>Florence</b>	Florence Community Pharmacy Florence Pharmacy North	<b>Jordan</b>	Foster Jordan Drug Co
<b>Forsyth</b>	Yellowstone Pharmacy	<b>Kalispell</b>	Albertson's/Osco Pharmacy Evergreen Pharmacy K Mart Pharmacy Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy ShopKo Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy Walgreen Drug Store
<b>Fort Benton</b>	Benton Pharmacy		
<b>Gardiner</b>	Gardiner Drug		
<b>Glasgow</b>	Medical Arts Pharmacy Inc. Pamida Pharmacy Valley Drug Company Western Drug of Glasgow		
<b>Glendive</b>	Albertson's/Osco Pharmacy F&G Pharmacy Gabert Clinic Pharmacy	<b>Laurel</b>	Gene's Pharmacy Prices Pharmacy Snyder Drug Store
<b>Great Falls</b>	Albertson's Pharmacy - 10th Ave. Albertson's/Osco Pharmacy - 3rd St. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs K Mart Pharmacy Kindred Pharmacy Services Osco Drug Pharmerica Plaza United Drugs Public United Drug Sam's Pharmacy ShopKo Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Wal-Mart Pharmacy	<b>Lewistown</b>	Albertson's/Osco Pharmacy Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
		<b>Libby</b>	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
		<b>Lincoln</b>	Lincoln Pharmacy
		<b>Livingston</b>	Albertson's/Osco Pharmacy Pamida Pharmacy Western Drug #9 of Livingston
		<b>Lolo</b>	Lolo Drug
<b>Hamilton</b>	Albertson's/Osco Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	<b>Malta</b>	Valley Drug Company
<b>Hardin</b>	Pharmcare Pharmacy	<b>Miles City</b>	Albertson's/Osco Pharmacy Big Sky Pharmacy Wal-Mart Pharmacy
<b>Harlowton</b>	Wheatland Memorial Pharmacy	<b>Missoula</b>	A & C Drug Albertson's/Osco Pharmacy - Oxford St. Albertson's/Osco Pharmacy - Reserve St. Albertson's/Osco Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy East Gate Drug Garden City Pharmacy Hillside Manor Pharmacy K Mart Pharmacy Osco Drug - Brooks St. Palmer's Drug Riverside Health Care Pharmacy Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St.
<b>Havre</b>	Albertson's/Osco Pharmacy K Mart Pharmacy Northern MT Pharmacy Western Drug Pharmacy		
<b>Helena</b>	Albertson's Pharmacy Bergum Drug K Mart Pharmacy Osco Drug - Euclid Ave. Osco Drug - Montana Ave. Safeway Pharmacy ShopKo Pharmacy		

# PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	Savmor Drug ShopKo Pharmacy UM Health Services Pharmacy Village Health Care Center Wal-Mart Pharmacy - Mullan Rd. Wal-Mart Pharmacy - Hwy 93 Walgreen Drug Store		Safeway Pharmacy
<b>Philipsburg</b>	Granite County Mem. Hospital Pharmacy	<b>Whitehall</b>	Whitehall Drug
<b>Plains</b>	Plains Drug	<b>Wolf Point</b>	Gillette Pharmacy
<b>Plentywood</b>	Plentywood Drug		
<b>Polson</b>	Healthcare Plus Safeway Pharmacy St. Joseph Hospital Pharmacy Wal-Mart Pharmacy		
<b>Red Lodge</b>	Beartooth Pharmacy United Drugs Red Lodge Drug Company		
<b>Ronan</b>	Family Health Pharmacy R & R Health Care Solutions		
<b>Roundup</b>	Jorgenson Pharmacy		
<b>Scobey</b>	Service Drug Inc.		
<b>Seeley Lake</b>	Healthcare Plus Seeley Lake Pharmacy		
<b>Shelby</b>	Pamida Pharmacy Wells Drug		
<b>Sidney</b>	Pamida Pharmacy Sidney Health Center White Drug		
<b>St. Ignatius</b>	Mission Drug		
<b>Stevensville</b>	Ridgeway Pharmacy Stevensville Family Pharmacy Valley Drug & Variety		
<b>Superior</b>	Mineral Pharmacy		
<b>Thompson Falls</b>	Doug's Drug		
<b>Three Forks</b>	Three Forks Medical Arts Pharmacy		
<b>Townsend</b>	Townsend Drug		
<b>Troy</b>	Kootenai Drug		
<b>Twin Bridges</b>	McAlear Pharmacy		
<b>West Yellowstone</b>	Yellowstone Family Pharmacy		
<b>White Sulphur Spg</b>	Castle Mountain Drug		
<b>Whitefish</b>	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug		

# BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• De Borgia	59830	• Jefferson City	59638	• Power	59468
Acton	59002	• Deer Lodge	59722	• Joliet	59041	• Pray	59065
Alberton	59820	• Dell	59724	• Joplin	59531	• Proctor	59929
Alder	59710	• Dillon	59725	• Judith Gap	59453	• Pryor	59066
Anaconda	59711	• Divide	59727	• Kalispell	59901	• Ramsay	59748
Arlee	59821	• Dixon	59831	•	59902	• Ravalli	59863
Augusta	59410	• Drummond	59832	•	59903	• Raynesford	59469
Avon	59713	• Dupuyer	59432	•	59904	• Red Lodge	59068
Ballantine	59006	• Dutton	59433	• Kila	59920	• Rexford	59930
Basin	59631	• East Helena	59635	• Kremlin	59532	• Ringling	59642
Bearcreek	59007	• Edgar	59026	• Lake McDonald	59921	• Roberts	59070
Belfry	59008	• Elliston	59728	• Lakeside	59922	• Rollins	59931
Belgrade	59714	• Elmo	59915	• Laurel	59044	• Ronan	59864
Belt	59412	• Emigrant	59027	• Lavina	59046	• Roscoe	59071
Big Arm	59910	• Ennis	59729	• Lima	59739	• Roundup	59072
Bigfork	59911	• Eureka	59917	• Lincoln	59639	• Rudyard	59540
Big Sky	59716	• Fairfield	59436	• Lloyd	59535	• Ryegate	59074
Billings	59101-59108	• Fishtail	59028	• Lodge Grass	59050	• Saltese	59867
	59111-59117	• Florence	59833	• Lolo	59847	• Sand Coulee	59472
Black Eagle	59414	• Floweree	59440	• Loma	59460	• Seeley Lake	59868
Bonner	59823	• Fort Benton	59442	• Lonepine	59848	• Shawmut	59078
Boulder	59632	• Fort Harrison	59636	• Lothair	59461	• Shepherd	59079
Box Elder	59521	• Fort Shaw	59443	• Luther	59068	• Sheridan	59749
Boyd	59013	• Fortine	59918	• Manhattan	59741	• Shonkin	59450
Bozeman	59715	• Frenchtown	59834	• Marion	59925	• Silesia	59041
	59717	• Fromberg	59029	• Martin City	59926	• Silver Star	59751
	59718	• Galata	59444	• Martinsdale	59053	• Simms	59477
	59719	• Gallatin Gateway	59730	• Marysville	59640	• Somers	59932
	59771	• Garneill	59445	• McAllister	59740	• St. Ignatius	59865
	59772	• Garrison	59731	• Melrose	59743	• St. Regis	59866
	59773	• Garryowen	59031	• Melville	59055	• St. Xavier	59075
Brady	59416	• Geraldine	59446	• Milltown	59851	• Stevensville	59870
Bridger	59014	• Geysler	59447	• Missoula	59801	• Stockett	59480
Broadview	59015	• Gildford	59525	•	59802	• Styker	59933
Buffalo	59418	• Glen	59732	•	59803	• Sula	59871
Butte	59701	• Gold Creek	59733	•	59804	• Sun River	59483
	59702	• Grantsdale	59835	•	59806	• Superior	59872
	59703	• Great Falls	59401	•	59807	• Swan Lake	59911
	59707	•	59402	•	59808	• Thompson Falls	59873
	59750	•	59403	•	59812	• Three Forks	59752
	59419	•	59404	• Moiese	59824	• Tracy	59472
Bynum	59419	•	59405	• Molt	59057	• Trego	59934
Canyon Creek	59633	•	59406	• Monarch	59463	• Trout Creek	59874
Cardwell	59721	•	59406	• Montana City	59634	• Twin Bridges	59754
Carter	59420	• Greenough	59836	• Musselshell	59059	• Two Dot	59085
Cascade	59421	• Hamilton	59840	• Neihart	59465	• Ulm	59485
Charlo	59824	• Hardin	59034	• Niarada	59845	• Vaughn	59487
Chester	59522	• Harlowton	59036	• Norris	59745	• Victor	59875
Chinook	59523	• Harrison	59735	• Noxon	59853	• Virginia City	59755
Choteau	59422	• Haugen	59842	• Olney	59927	• Walkerville	59701
Clancy	59634	• Havre	59501	• Ovando	59854	• Warm Springs	59756
Clinton	59825	• Helena	59601-59602	• Pablo	59855	• West Glacier	59936
Clyde Park	59018	•	59604	• Paradise	59856	• White Splhr Sprgs	59645
Columbia Falls	59912	•	59620	• Park City	59063	• Whitefish	59937
Condon	59826	•	59623-59626	• Pendroy	59467	• Whitehall	59759
Connor	59827	• Helmville	59843	• Philipsburg	59858	• Whitelash	59545
Conrad	59425	• Heron	59844	• Pinesdale	59841	• Wilsall	59086
Coram	59913	• Highwood	59450	• Plains	59859	• Winston	59647
Corvallis	59828	• Hingham	59528	• Polaris	59746	• Wisdom	59761
Craig	59648	• Hot Springs	59845	• Pole Bridge	59928	• Wise River	59762
Creston	59902	• Hungry Horse	59919	• Polson	59860	• Wolf Creek	59648
Crow Agency	59022	• Huntley	59037	• Pompeys Pillar	59064	• Worden	59088
Custer	59024	• Huson	59846	• Pony	59747	• Zurich	59547
Darby	59829	• Inverness	59530	• Potomac	59823	•	
Dayton	59914	• Jackson	59736	•		•	

# NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Dayton	59914	Ingomar	59039	Pryor	59066
Acton	59002	De Borgia	59830	Iverness	59530	Radersburg	59641
Alberton	59820	Decker	59025	Ismay	59336	Rapelje	59067
Amsterdam	59741	Deer Lodge	59722	Jackson	59736	Ravalli	59863
Angela	59312	Dell	59724	Jefferson City	59638	Red Lodge	59068
Arlee	59821	Dillon	59725	Joliet	59041	Reed Point	59069
Ashland	59003-59004	Dixon	59831	Jordan	59337	Ringling	59642
Augusta	59410	Dodson	59524	Judith Gap	59453	Roberts	59070
Avon	59713	Drummond	59832	Kalipsell	59901	Rollins	59931
Ballantine	59006	East Helena	59635		59902	Ronan	59864
Basin	59631	Edgar	59026		59903	Roscoe	59071
Bearcreek	59007	Elliston	59728		59904	Rosebud	59347
Belfry	59008	Elmo	59915	Kila	59920	Roundup	59072
Belgrade	59714	Emigrant	59027	Kinsey	59338		59073
Belt	59412	Essex	59916	Kremlin	59532	Rudyard	59540
Big Arm	59910	Fishtail	59028	Lame Deer	59043	Ryegate	59074
Big Sandy	59520	Florence	59833	Laurel	59044	Saco	59261
Big Sky	59716	Floweree	59440	Lavina	59046	Saint Ignatius	59865
Big Timber	59011	Forsyth	59327	Libby	59923	Saint Regis	59866
Bigfork	59911	Fort Benton	59442	Lima	59739	Saint Xavier	59075
Bighorn	59010	Fort Harrison	59636	Lincoln	59639	Saltese	59867
Billings	59101-59108	Fort Shaw	59443	Livingston	59047	Sand Coulee	59472
	59111-59117	Frenchtown	59834	Lloyd	59535	Sand Springs	59077
Birney	59012	Fromberg	59029	Lodge Grass	59050	Sanders	59076
Black Eagle	59414	Gallatin Gateway	59730	Lolo	59847	Seeley Lake	59868
Bonner	59823	Gardiner	59030	Loma	59460	Shawmut	59078
Boulder	59632	Garrison	59731	Lonepine	59848	Shepherd	59079
Box Elder	59521	Garryowen	59031	Loring	59537	Somers	59932
Boyd	59013	Geraldine	59446	Malmstrom AFB	59402	Springdale	59082
Bozeman	59715	Gildford	59525	Malta	59538	Stevensville	59870
	59717	Glen	59732	Manhattan	59741	Stockett	59480
	59718	Gold Creek	59733	Martin Cty	59926	Sula	59871
	59719	Grantsdale	59835	Martinsdale	59053	Sumatra	59083
	59771	Great Falls	59401	Marysville	59640	Sun River	59483
	59772		59403	McLeod	59052	Superior	59872
	59773		59404	Melstone	59054	Thompson Falls	59873
Bridger	59014		59405	Melville	59055	Three Forks	59752
Broadview	59015		59406	Miles City	59301	Toston	59643
Brusett	59318	Greenough	59836	Milltown	59851	Townsend	59644
Busby	59016	Greycliff	59033	Missoula	59801	Trout Creek	59874
Canyon Creek	59633	Hall	59837		59802	Troy	59935
Cardwell	59721	Hamilton	59840		59803	Turner	59542
Carter	59420	Hardin	59034		59804	Two Dot	59085
Cascade	59421	Harlem	59526		59806	Ulm	59485
Charlo	59824	Harlowton	59036		59807	Vaughn	59487
Chinook	59523	Hathaway	59333		59808	Victor	59875
Churchill	59741	Haugan	59842		59812	Volberg	59351
Clancy	59634	Havre	59501	Molt	59057	West Glacier	59936
Clinton	59825	Hays	59527	Mosby	59058	Whitefish	59937
Clyde Park	59018	Helena	59601-59602	Musselshell	59059	White Slphr Sprngs	59645
Cohagen	59322		59604	Noxon	59853	Whitehall	59759
Colstrip	59323		59620	Nye	59061	Whitewater	59544
Columbia Falls	59912		59623-59626	Ovando	59854	Willow Creek	59760
Columbus	59019	Helmville	59843	Pablo	59855	Wilsall	59086
Condon	59826	Heron	59844	Paradise	59856	Winston	59647
Conner	59827	Highwood	59450	Park City	59063	Wisdom	59761
Cooke City	59020	Hingham	59528	Philipsburg	59858	Wise River	59762
Coram	59913	Hogeland	59529	Pinesdale	59841	Wolf Creek	59648
Corvallis	59828	Hot Springs	59845	Plains	59859	Worden	59088
Crow Agency	59022	Hungry Horse	59919	Polaris	59746	Wyola	59089
Cushman	59046	Huntley	59037	Polson	59860	Yellowtail	59035
Custer	59024	Huson	59846	Pompeys Pillar	59064	Zortman	59546
Darby	59829	Hysham	59038	Pray	59065	Zurich	59547
				Proctor	59929		

# PEAK HEALTH MANAGED CARE AREAS

City	Zip Code	City	Zip Code
Acton	59002	Roberts	59070
Anaconda	59711	Roscoe	59071
Angela	59312	Rosebud	59347
Ashland	59003	Saint Xavier	59075
Ballantine	59006	Sanders	59076
Bearcreek	59007	Shepherd	59079
Belfry	59008	Sumatra	59083
Bighorn	59010	Volborg	59351
Billings	59101	Warm Springs	59756
	59102	Whitehall	59759
	59103	Worden	59088
	59104	Wyola	59089
	59105	Yellowtail	59035
	59106		
	59107		
	59108		
	59111		
	59112		
	59114		
	59115		
	59116		
	59117		
Birney	59012		
Boyd	59013		
Bridger	59014		
Broadview	59015		
Busby	59016		
Butte	59701		
	59702		
	59703		
	59707		
	59750		
Cardwell	59721		
Colstrip	59323		
Crow Agency	59022		
Custer	59024		
Decker	59025		
Deer Lodge	59722		
Divide	59727		
Edgar	59026		
Forsyth	59327		
Fromberg	59029		
Garrison	59731		
Garryowen	59031		
Gold Creek	59733		
Hardin	59034		
Hathaway	59333		
Huntley	59037		
Hysham	59038		
Ingomar	59039		
Ismay	59336		
Joliet	59041		
Kinsey	59338		
Lame Deer	59043		
Laurel	59044		
Lodge Grass	59050		
Melrose	59743		
Miles City	59301		
Pompeys Pillar	59064		
Pryor	59066		
Ramsay	59748		
Red Lodge	59068		

# PARTICIPATING FACILITIES - TRADITIONAL PLAN

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<b>Preferred</b>	<b>20% Coinsurance</b>	:		
Anaconda	Community Hospital of Anaconda	:	Malta	Phillips County Medical Center
Baker	Fallon Medical Complex	:	Miles City	Holy Rosary Healthcare
Big Timber	Pioneer Medical Center	:	Missoula	Big Sky Surgery Center
Billings	Billings Cataract and Laser Surgicenter	:		Missoula Bone & Joint Surgery Center
	Deaconess Billings Clinic	:		Providence Surgery Center
	Health South Surgery Center	:		Rocky Mountain Eye Surgery Center
	LaGreca Eye Clinic	:		St. Patrick's Hospital and Health Sciences
	St. Vincent's Healthcare	:	Philipsburg	Granite County Medical Center
	Yellowstone Surgery Center	:	Plains	Clark Fork Valley Hospital
		:	Plentywood	Sheridan Memorial Hospital
Bozeman	Bozeman Deaconess Hospital	:	Polson	St. Joseph Hospital
	Rocky Mountain Surgical Center	:	Poplar	Poplar Community Hospital
	Sameday Surgery Center	:	Red Lodge	Beartooth Hospital and Health Center
Butte	St. James Healthcare	:	Ronan	St. Luke Community Hospital
	Summit Surgery Center	:	Roundup	Roundup Memorial Hospital
Chester	Liberty County Hospital	:	Scobey	Daniels Memorial Hospital
Choteau	Teton Medical Center	:	Shelby	Marias Medical Center
Circle	McCone County Health Center	:	Sheridan	Ruby Valley Hospital
Columbus	Stillwater Community Hospital	:	Sidney	Sidney Health Center
Conrad	Pondera Medical Center	:	Superior	Mineral County Hospital
Culbertson	Roosevelt Memorial Medical Center	:	Terry	Prairie Community CAH
Cut Bank	Northern Rockies Medical Center	:	Townsend	Broadwater Health Center
Deer Lodge	Powell County Memorial Hospital	:	Whitefish	North Valley Hospital
Dillon	Barrett Memorial Hospital	:	White Sulphur	Mountainview Medical Center
Ennis	Madison County Hospital	:	Springs	
Forsyth	Rosebud Health Care Center	:	Wolf Point	Northeast Montana Health Services
Fort Benton	Missouri River Medical Center	:		
	Benefis Healthcare	:		
	Great Falls Clinic Surgery Center	:		
Hamilton	Pacific Cataract and Laser Institute	:	Big Sandy	Big Sandy Medical Center
	Marcus Daly Memorial Hospital	:	Ekalaka	Dahl Memorial Heathcare
Hardin	Big Horn County Memorial Hospital	:	Glasgow	Frances Mahon Deaconess Hospital
Harlowton	Wheatland Memorial Hospital	:	Glendive	Glendive Medical Center
Helena	Helena Surgicenter	:	Great Falls	Central MT Surgical Hospital
	St. Peter's Hospital	:	Havre	Northern Montana Hospital
Kalispell	Heathcenter Northwest	:	Helena	Shodair Hospital
	Kalispell Regional Medical Center	:	Jordan	Garfield County Health Center
Lewistown	Central Montana Medical Center	:	Missoula	Community Medical Center
	St. John's Lutheran Hospital	:		(Maternity Services - 25%)
Libby	Livingston Memorial Hospital	:	Philipsburg	Granite County Medical Center
		:		
		:	<b>All other</b>	<b>25% Coinsurance</b>

# PARTICIPATING HOSPITALS - MANAGED CARE PLANS

## BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	HealthCenter Northwest Kalispell Regional Medical Center
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

## NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Missoula	Community Medical Center
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Stevensville	Community Medical
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

## PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Miles City	Holy Rosary Health Center
Red Lodge	Beartooth Hospital and Health Center

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
<b>Absarokee</b>	Exley, Jack L.	Family Practice	<b>Boulder</b>	Metzger, Michael E.	Internal Medicine
	Fouts, Thomas B.	Family Practice		Michels, Frank C	Family Practice
<b>Anaconda</b>	Baker, Shawna L.	Family Practice		Moore, Douglas L.	General Practice
	Mitchell, Michael J.	Family Practice		Neuhoff, Douglas A.	OB & GYN
	Rafferty, Michael C.	Family Practice		Nichols, Robert James	Family Practice
	Reiter, William M.	Internal Medicine		Nicholson, Laura	Pediatrics
	Robison, Jill D.	Pediatrics		Petersen, Susan J	Family Practice
	Yates, Ati H.	Internal Medicine		Peterson, Erica L.	Family Practice
<b>Belgrade</b>	King, David	Family Practice		Pierson, Michelle	Pediatrics
	Kjerstad, Heather	Family Practice		Sauer, John Patrick	Pediatrics
	Moran, Patricia	Family Practice		Schiffert, Martin G.	Family Practice
<b>Bigfork</b>	Jenko, Thomas G.	Family Practice		Schnitzer, Brian M.	Family Practice
<b>Billings</b>	Agnew, Deborah G.	Pediatrics		Sears, Scott E.	Internal Medicine
	Anderson, Richard D.	Internal Medicine		Shaub, Stephen R.	Family Practice
	Ashcraft, Jimmie L.	Family Practice		Sorensen, Neal B.	Internal Medicine
	Beijer, Kerstin A.	Family Practice		Standish, David D.	Pediatrics
	Bullman, Jon M.	Family Practice		Stanley, Merrill Scott	Family Practice
	Busch, Byron J.	Internal Medicine		Starr, Brian L.	Pediatrics
	Campbell, Bruce G.	Family Practice		Stevens, Richard C.	Pediatrics
	Center, Dean M.	Family Practice		Tapia, Lionel Edward	Pediatrics
	Collett, Gordon C.	Pediatrics		Thompson, Frank R	Family Practice
	Cook, Cheryl S	Internal Medicine		Wickstrom, Glenda C.	Internal Medicine
	Crichlow, Renee M.	Family Practice		Williamson, Steven	Family Practice
	Dahl, Dona Chimene	OB & GYN		Winbush, Nicole	Family Practice
	Ezell, Douglas T.	OB & GYN	<b>Bozeman</b>	Adams, Timothy	Internal Medicine
	Fahrenwald, Roxanne	Family Practice	Benda, Gabor	Bender, David W.	Family Practice
	Fishburn, Amy M	Internal Medicine	Canner, Rebecca	Sargent, Richard P.	Family Practice
	Forseth, Hal W.	OB & GYN	Cleary, James	Wampler, Todd B.	Family Practice
	Fuller, Bradley D.	Internal Medicine	Fairbanks, Tracy		
	Gerbasi, Paolo F	Family Practice	Flaherty, Robert		
	Gobin, Mark R	Internal Medicine	Fuller, Dell		
	Gray Jr., Jimmy	Internal Medicine	Gillis, Shaun		
	Grewell, Donald A.	Family Practice	Gomez-Kirchhoff, Colette		
	Gunville, Fred E.	Pediatrics	Gulbranson, Lexi		
	Guyer, James W.	Family Practice	Hildner, Thomas		
	Hagan, Michael C.	Internal Medicine	Hoffman, David		
	Hager, Dwight R.	Family Practice	Johnson, Jerrold		
	Hinshaw, James C.	OB & GYN	McLaughlin, David		
	Hugelen, Julie A	Family Practice	Nickisch, Stephen		
	James, Thomas R.	Family Practice	Omohundro, Luke		
	Johnson, David F.	Internal Medicine	Pessl, Erich		
	Johnson, Jeffrey S.	Internal Medicine	Ramsey, Leonard		
	Johnson, Linda R.	Pediatrics	Schneider, Gregory		
	Johnson, Vernon N.	Family Practice	Sonnenburg, Larry		
	Kadri, Abdulmajeed	Internal Medicine	Waterman, Cathy		
	Kadri, Kathie	Internal Medicine	Wheeler, Heather		
Kelker, Paul A.	Pediatrics	<b>Bridger</b>	Exley, Jack	Family Practice	
Kenamore, Claire L	Pediatrics	Fouts, Thomas	Zavala, Jeffrey	Family Practice	
Kent, Thomas F.	OB & GYN	<b>Butte</b>	Abo-Deeb, Azza	Pediatrics	
Kirkland, Brenda	Family Practice	Bodine, Jonathan A.	Chamberlain, David Paul	Internal Medicine	
Kummer, Marian E.	Pediatrics				
Langohr, Janis I.	Pediatrics				
Maheras, Joseph C.	Internal Medicine				
Malloy, John J.	Family Practice				
Malters, Edward C	Internal Medicine				
McClave, Charles R.	Internal Medicine				

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Cortese, Florian M.	Internal Medicine		Bergman, Bradford A	Internal Medicine
	Ellis, William Bruce	Family Practice		Brajet, Daren J.	OB & GYN
	Gould, Stanley F.	OB & GYN		Buffington, Gary A.	Internal Medicine
	Graham, Kenneth J.	Pediatrics		Burleigh, Peter L.	OB & GYN
	Hunt, Kenneth C.	Family Practice		Chapman, Vicki L.	OB & GYN
	Karmaker, Nivedita	Pediatrics		Chrzanowski, Steven M.	Internal Medicine
	Kautzman, Jessie	Family Practice		Cruise, Jennifer L.	Family Practice
	Konecny, Anthony M.	Family Practice		Eck, Marci J.	OB & GYN
	Kronenberger, Brett N.	Internal Medicine		Effertz, Susan J.	Internal Medicine
	McGree, Patrick J.	Family Practice		Engbrecht, David R.	Family Practice
	Mosqueda, Eric N	Pediatrics		Garrity, Deborah M.	Pediatrics
	Mulcaire-Jones, George	Family Practice		Garver, Michael K.	Pediatrics
	Pullman, John	Internal Medicine		Gerrity, Nora C.	Pediatrics
	Sager, Wayne L.	Pediatrics		Gordon, Daniel	Family Practice
	Salisbury, Dennis F.	Family Practice		Handwerk, Francis J.	OB & GYN
	Sessions, Lisa K.H.	Family Practice		Harkness, James E.	Family Practice
	Shepherd, Susan M	Pediatrics		Hinz, Jeffrey P.	Pediatrics
	Siddoway, Paul R.	Internal Medicine		Houlihan, Gregory S.	Family Practice
	Sironi, Rindo R.	OB & GYN		Johnson, Marcus A.	Family Practice
	Taverna, Jacob M.	Internal Medicine		Joyner, Donald R.	OB & GYN
	Wilson, Judith H.	Internal Medicine		Key, Thomas C.	OB & GYN
<b>Chester</b>	Earl, Anna M.	Family Practice		Krauss, Kirsten	Internal Medicine
	Kozakiewicz, Richard S.	Family Practice		Kuykendall, Julie L	OB & GYN
	Young, Gladys E.	Family Practice		Lee, Dorothy Tai-Shil	OB & GYN
<b>Chinook</b>	Blossom, Mark	Internal Medicine		Legan, James B.	Internal Medicine
	Nemes, Joseph Z.	General Practice		Lenz, Tony J.	Internal Medicine
	White, Barry	Family Practice		Mahan, John W.	Internal Medicine
<b>Choteau</b>	Shelton, Laura K.	Family Practice		Margaris, Melchisedek L.	Family Practice
<b>Columbia Falls</b>	Brandeberry, Eric	Family Practice		Marron, Colleen M.	Pediatrics
	Carlson, Mary Ann	Pediatrics		Martin, Bryan E	Internal Medicine
	Gedlaman, Derek A.	Family Practice		Matelich, Craig C.	Pediatrics
	Miller, Joan M.	Family Practice		Maynard, Nancy J.	Pediatrics
	Pitman, Douglas J.	Family Practice		McClure, Robert J.	OB & GYN
	Tremper, John H.	Family Practice		Messick-Laeven, Petra M.	Pediatrics
<b>Corvallis</b>	Courchesne, Yvonne K.	Family Practice		Miles, Mark R.	OB & GYN
	Rudd, Jane P.	Family Practice		Miller, Frederick G.	Internal Medicine
<b>Dillon</b>	Madany, John	Family Practice		Mills, Angela L	Family Practice
<b>Eureka</b>	Ionescu, Raluca M.	Internal Medicine		Norum, Nora E.	Family Practice
	Ionescu, Serban I.	Internal Medicine		Roux, Timothy P	Internal Medicine
	Stein, Edward P.	Family Practice		Speer, Jerry W.	Family Practice
<b>Florence</b>	Downey, David Robert	Family Practice		Swift, Douglas E.	Internal Medicine
	Milan, Georgia A.	Family Practice		Treptow, Craig L	Family Practice
<b>Fort Benton</b>	Buck, Mark K.	Family Practice		Triehy, Thomas G.	Family Practice
<b>Frenchtown</b>	Marks, Robert D.	Family Practice	<b>Hamilton</b>	Vargo, Patsy M.	Family Practice
<b>Geraldine</b>	Buck, Mark K.	Family Practice		Weill, Timothy C.	Family Practice
<b>Great Falls</b>	Addison, T Brice	Internal Medicine		Welsh, Carey J.	Family Practice
	Anderson, Loy L.	Family Practice		Welsh, Tamara	Family Practice
	Asthalter, James H.	Family Practice		Wood, Julie A.	Family Practice
	Avery, Susan H.	Family Practice		Yturri, James A	Internal Medicine
	Barker, Marci L.	Family Practice		Ashcraft, Walker J.	Family Practice
				Borino, Teresa P.	Family Practice
				Brouwer, Lawrence D.	Family Practice
				Courchesne, John R.	Internal Medicine
				Courchesne, Yvonne K.	Family Practice
				Gillis, Harry G	Pediatrics
				Harder-Brouwer, Kathleen	Family Practice
				Heath, H. Brett	Family Practice
				Jones, Ellyn P.	Pediatrics
				Milch, Lisa J.	Internal Medicine

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Moran, Michael P.	Family Practice		Sargent, Richard P.	Family Practice
	Moreland, John P.	Internal Medicine		Schoderbek, William E.	Internal Medicine
	Smith, Gary	Internal Medicine		Seitz, Tristan A.	Internal Medicine
	Stewart, Randy L.	Family Practice		Snider, William C.	Family Practice
	White, Marshall W.	OB & GYN		Strekall, Michael S.	Family Practice
<b>Hardin</b>	Billin, Aaron R.	Family Practice		Strickler, Jeffrey H.	Pediatrics
	Greimann, Carolyn S.	Family Practice		Strizich, Thomas A.	Pediatrics
	Ostahowski, Gary A.	Family Practice		Wampler, Todd B.	Family Practice
	Trevino, Carlos F.	Family Practice		Weitz, Brian C.	Family Practice
<b>Harlowton</b>	MacCart, John G.	Family Practice		Wiley, Frank W.	Family Practice
	Smith, Justin	Family Practice		Williams, Derek J.	Family Practice
	Wolf, Mary M	Family Practice	<b>Heron</b>	Drye, John N.	Family Practice
<b>Havre</b>	Blossom, Mark Edward	Internal Medicine	<b>Hot Springs</b>	Damschen, Rhonda Elaine	Family Practice
	Booth, Thomas D.	Family Practice		Drye, John N.	Family Practice
	Henderson, Robert T.	Internal Medicine		Hanson, Gregory S.	Family Practice
	Huffman, Phillip A	Internal Medicine	<b>Kalispell</b>	Anderson, Jonathan M.	Family Practice
	Latkovich, Katarina	Internal Medicine		Armstrong, Jr., James H.	Family Practice
	Lien, Karen E	Family Practice		Bukacek, Ann M.	Internal Medicine
	Miller, Frank L	OB & GYN		Caughlan, Thomas V.	Internal Medicine
	Nolan, Michael D.	Family Practice		Csaplar, Laura J.	Pediatrics
	Richardson, Bruce W.	Family Practice		Davis, Jack L.	Internal Medicine
	Swietnicki, Suzanne R.	OB & GYN		Dixon, Charles L.	Family Practice
	Ward, Mark A.	Internal Medicine		Dykstra, Lynn A.	Pediatrics
<b>Helena</b>	Augustine, Teresa	Pediatrics		Evans, Stephen S	Internal Medicine
	Batey, William M.	Family Practice		Fetzer, Candace R.	Internal Medicine
	Borman, Nancy	Family Practice		Fleischer, Lisa Ann	Family Practice
	Bower, Ryan T.	Family Practice		Gill, Christopher H.	Internal Medicine
	Brunsdon, Jennifer	Family Practice		Habel, David C.	Internal Medicine
	Burkholder, James N.	Family Practice		Johnson, Marise K.	Internal Medicine
	Cody, Karen E.	Family Practice		Jonas, Kenneth L.	Family Practice
	Crichton, James W.	Family Practice		Kiley, James A.	Family Practice
	Danielson, Michelle	Pediatrics		Law, Linda C.	Family Practice
	Eodice, Diane M.	Family Practice		Layer, John H.	Internal Medicine
	Eodice, Paul A.	Family Practice		Ludden, Charles B.	OB & GYN
	Fernandez, William N.	Internal Medicine		Nelson, Douglas A.	Internal Medicine
	Fritz, Blayne L.	Pediatrics		Oehrtman, Pamela R.	Family Practice
	Harrison, Virginia Lee	Internal Medicine		Palchak, Andrew E.	Family Practice
	Hess, Phillip A.	Family Practice		Sherrick, Robert C.	Internal Medicine
	Hesskamp, Daniel E.	Internal Medicine		Sorensen, Mark J.	Pediatrics
	Howell, Sheri S.	Family Practice		Swanberg, Louise E.	Internal Medicine
	Hunter, Kristine A.	Internal Medicine		Treadwell, Leah	Family Practice
	Justad, Jean M.	Internal Medicine		Vranish, Loren S.	Family Practice
	Keefe, Erin M.	Pediatrics		Wilder, Wallace S.	Pediatrics
	Krainacker, David A.	Family Practice		Winkel, R. Dennis	Family Practice
	Kreisberg, Mark S.	Internal Medicine		Wise, Richard C.	Family Practice
	Kubicka, Kurt T.	Family Practice	<b>Laurel</b>	Forseth, Lori A.	Family Practice
	Larson, Jay L.	Internal Medicine		Hager, Dwight R.	Family Practice
	Lechner, David W.	Family Practice		McCrea, Kevin G	Family Practice
	Maher, James J.	Family Practice		Richardson, E. Lee	Family Practice
	Malany, Andrew M.	OB & GYN		Ulrich, Robert C	Family Practice
	Marx, Shari K.	Internal Medicine		VanNice, Robert B.	Family Practice
	McMahon Jr., Jack W.	OB & GYN	<b>Livingston</b>	Burwell, Shawn	OB & GYN
	McRee, Heather	Family Practice		Canner, Rebecca	Family Practice
	Nordwick, Nancie	Pediatrics		Cleary, James	Family Practice
	Palcisko, Michael	Pediatrics		Flook, Benjamin	Family Practice
	Reynolds, John A.	Pediatrics		Helin, Denise	OB & GYN
	Riessen, Erik R.	Internal Medicine			

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Noteboom, Dennis	General Practice		Ragar, Todd Jonathon	Family Practice
	O'Hara, Peggy	Pediatrics		Zavala, Jeffrey S.	Family Practice
	Pessl, Erich	Family Practice			
	Reid, Genevieve	Family Practice	<b>Ronan</b>	Bahnmler, Daniel E.	OB & GYN
	Schneider, Gregory	Family Practice		Carte, Timothy W.	Pediatrics
	Schulein, Mark	Family Practice		Cullis, William C.	Family Practice
<b>Lolo</b>	Gomersall, Janice R.	Family Practice		Gochis, Paul D.	Family Practice
	Vasquez, Ned F.	Family Practice		Heppe, Mark	Family Practice
				Jones, Heather	Family Practice
<b>Miles City</b>	Drivdahl-Smith, Christine	Family Practice		Martin, Wayne R.	Family Practice
	Van Marel, Douglas	Internal Medicine		Vizcarra, Ed T.	Family Practice
			<b>Roundup</b>	Madi, Ahmed M	Internal Medicine
<b>Missoula</b>	Arnold, John E.	Pediatrics			
	Autio, Lar K.	Family Practice	<b>Saint Ignatius</b>	Bahnmler, Daniel E.	OB & GYN
	Calderwood, Terence M.	Family Practice		Davis, Victor M.	General Practice
	Caldwell, J. Michael	Internal Medicine			
	Ferguson, John	OB & GYN	<b>Seeley Lake</b>	Barstad, Christine R.	Family Practice
	Gottman, Dirk R.	Pediatrics			
	Harvey, Gary P.	OB & GYN	<b>Sheridan</b>	Googe, Sarah Lynn	Family Practice
	Hughson, H. Eric	Internal Medicine		Hendrickson, Roman M.	Family Practice
	Kress, Eric Jon	Family Practice			
	Langenderfer, Mary C.	Internal Medicine	<b>Stevensville</b>	Baldrige, Teresa A.	Internal Medicine
	Lovejoy, Lisa	Family Practice		Courchesne, Yvonne K.	Family Practice
	Marks, Robert D.	Family Practice		Crews, Kirk Leroy	Family Practice
	McDonald, Judith D.	Family Practice		Downey, David Robert	Family Practice
	Murphy, Anne Marie	Internal Medicine		Paul, Mark C.	Family Practice
	Nevin, Donald R.	Family Practice		Reed, Frank M.	Family Practice
	Ravitz, Eric A.	Family Practice		Rudd, Jane P.	Family Practice
	Roberts, Thomas H.	Internal Medicine	<b>Thompson Falls</b>	Damschen, Rhonda Elaine	Family Practice
	Rogers, Kathleen S.	Pediatrics		Drye, John N.	Family Practice
	Saberhagen, Eric	Internal Medicine		French, Dean O.	Family Practice
	Seagraves, Stan H.	Internal Medicine		Hanson, Gregory S.	Family Practice
	Sheehan, Kevin M	Internal Medicine		Lovell, Randy J.	Family Practice
	Szekely, Peter C.	Internal Medicine		Nelson, Raymond C.	General Practice
	Visscher, Judith K.	Family Practice	<b>Trout Creek</b>	Drye, John N.	Family Practice
	Yahn, Diane M.	Internal Medicine			
<b>Noxon</b>	Drye, John N.	Family Practice	<b>White Sulphur Springs</b>	Bullington, Ben P.	Internal Medicine
				Steinberg, Marc P.	Pediatrics
<b>Phillipsburg</b>	Corbin, Michelle	Family Practice			
	Stinson, Kathy	Family Practice	<b>Whitefish</b>	Beach, D. Randall	OB & GYN
				Bowden, Mirna D.	OB & GYN
<b>Plains</b>	Damschen, Rhonda Elaine	Family Practice		Charman, Charles S.	Internal Medicine
	Drye, John N.	Family Practice		Daniell, Suzanne D.	Internal Medicine
	French, Dean O.	Family Practice		Erickson, Jay S.	Family Practice
	Hanson, Gregory S.	Family Practice		Holdhusen, Christopher J.	Family Practice
				Kalbfleisch, John N.	Family Practice
<b>Polson</b>	Carte, Timothy W.	Pediatrics		Miller, Jon A.	Family Practice
	Drye, John N.	Family Practice		Miller, Ronald A.	Family Practice
	Gochis, Paul D.	Family Practice		Munzing, Daniel E.	Family Practice
	Gorman, David E	Family Practice		Neff, Kathryn H.	Family Practice
	Harrop, Cara J.	Family Practice	<b>Whitehall</b>	Reiff, Terry D.	Family Practice
	Irwin, R. Stephen	Family Practice		Sacry, Gayle	Family Practice
	Palmieri, Steven W.	Family Practice			
	Panos, Craig J.	Family Practice	<b>Worden</b>	Stanley, Merrill Scott	Family Practice
	Probst, Dennis	Family Practice			
	Rausch, Daniel	Family Practice			
	Stahl, Steve D.	Family Practice			
<b>Red Lodge</b>	Fouts, Thomas B.	Family Practice			

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE	
<b>Anaconda</b>	Baker	Shawna	MD	Dahl	Chimene	MD
	Bodurtha	Susan	NP	Danaher	Julie	MD
	Connors	Stacie	APRN	Davis	Clifford	MD
	Garrels	Lloyd	MD	Decke	Gabriella	MD
	Mitchell	Michael	MD	Deleonardo	Jack	MD
	Rafferty	Michael	MD	Donnelly	Christine	MD
	Reiter	William	MD	Dubravac	Stephanie	MD
	Robison	Jill	MD	Duncan	Heidi	MD
	Susie	Michelle	NP	Emery	Dale	MD
	Yates	Ati	MD	Etchart	Jodee	MD
<b>Belgrade</b>	Jenkins	David	MD	Ezell	Douglas	MD
	King	David	MD	Fahrenwald	Roxanne	MD
	Kjerstad	Heather	MD	Fletcher	Cheryl	MD
	Mentel	Marc	MD	Forseth	Halfdan	MD
	Moran	Patricia	MD	Fouts	Thomas	MD
	Nicoll	Judith	MD	Fullerton	Brian	MD
				Gall	Daniel	MD
<b>Big Sandy</b>	Lanchbury	Forrest	MD	Gallo	Susan	MD
	Reichelt	Connie	MD	Gerstner	Steven	MD
<b>Big Timber</b>	Jacquay	Paul	PAC	Gilbert	Derek	MD
	Kelley	John	MD	Girolami	James	MD
	Peden	Kirby	MD	Giusti	Robert	MD
	Walker	Wallace	MD	Grewell	Donald	DO
	Walton	Sarah	FNP	Gunville	Fred	MD
<b>Bigfork</b>	Cornell	Lea	MD	Guyer	James	MD
	Jenko	Thomas	MD	Guzman	Glenn	MD
	Lee	Joyce	PA	Hall	Kathryn	PAC
<b>Billings</b>	Ackerman	Jacqueline	NP	Hamilton	Beth	PAC
	Adler	Deborah	MD	Harmon	Lisa	PA
	Agnew	Deborah	MD	Harris	James	MD
	Amsden	Jessica	MD	Hartman	Ullaine	MD
	Argani	Faranak	MD	Hemmer	Lawrence	MD
	Asbell	Susan	FNP	Hinshaw	James	MD
	Ashcraft	Jimmie	MD	Holden	Gene	MD
	Bailey	Jessica	MCSO	Holland	Randy	MD
	Base	Stephen	MD	Holland	Patrick	MD
	Baskett	Kathleen	MD	Hull	Todd	PA
	Beamer	Mark	MD	Husby	Lucinda	MD
	Billin	Aaron	MD	Jackson	Craig	PA
	Bowlby	Adair	MD	Johnson	Julie	MD
	Braden	Jean	MD	Johnson	Linda	MD
	Bradford	Tyler	MD	Johnson	Liz	RN
	Brown	Christopher	MD	Johnson	Sandra	MD
	Brown	Elaine	MD	Johnson	Vernon	MD
	Cabell	Karen	MD	Jones	Leslie	PA
	Campbell	Bruce	MD	Kale	Kari	MD
	Canty	Stephanie	MD	Kammerzell	Yvonne	MD
	Carr	F Douglas	MD	Kelker	Paul	MD
	Castles	Shelly	MD	Kelley	John	MD
	Center	Dean	MD	Kelly	Alberta	MD
	Collett	Gordon	MD	Kenamore	Claire	MD
	Collins	Kathy	MD	Kennedy	Marie	PAC
	Coon	Patricia	MD	Kent	Thomas	MD
	Covlin	Michael	MD	Kent	Valerie	MD
	Crichlow	Renee	MD	Kiernan	Gerard	MD
	Crowell	Courtney	MD	King	J Emmett	MD
	Cruickshank	Sandra	FNP	Klee	Karen	MD
				Knapp	Howard	MD
				Kobrine	Lori	MD
				Kobrine	Steven	MD

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE
	Kummer Marian	MD		Sienkiewicz Holly	MD
	Lala Kelli	MD		Smith Angela	PA
	Lambert Thomas	MD		Smith Chris	MD
	Langohr Janis	MD		Smith Ronald	MD
	Louwrens Neil	MD		Smith Teresa	MD
	Love Jenny	MD		Sonntag Steven	MD
	Lyson Linda	RN		Spillman Richard	MD
	McComb-Goins Stacy	PAC		Standish David	MD
	McCracken Clayton	MD		Starr Brian	MD
	McCue Gregory	MD		Stevens Richard	MD
	McDonnell Christine	MD		Stock Darrel	MD
	McDonough Catherine	FNP		Stockman Nancy	MD
	Mainini Stephen	MD		Subramanian Sanjay	MD
	Maki Janey	MD		Szabo Laura	MD
	Makowski Suzana	MD		Tapia Lionel	MD
	Malloy John	MD		Thompson Frank	MD
	Mehia Denise	MD		Uptergrove Kevin	MD
	Mentikov Jeanie	PA		Vadheim A	MD
	Miles Mark	MD		Weiss Deric	MD
	Mitchell Peter	MD		Wendt James	MD
	Moore Douglas	MD		White-Asbell Susan	MD
	Morrisette Kirsten	MD		Whitehead Doug	MD
	Morton Douglas	MD		Williams Jennifer	MD
	Morup Stephanie	PA		Williamson Steven	MD
	Nass Omar	MD		Winter Malcolm	MD
	Neubauer Laurie	PAC		Wittnam Charles	MD
	Neuhoff Douglas	MD		Wolfe Rochelle	MD
	Newman Lori	MD		Wong Alice	MD
	Nicholson Laura	MD		Yoon James	MD
	Oley III William	MD		Young James	MD
	Olson Thomas	MD		Young Tye	MD
	Oriet Patricia	MD		Zoller Dennis	MD
	Ortiz Jeanne	MD			
	Ortiz Jose	MD	<b>Boulder</b>	Burkholder James	MD
	Osborn Camille	MD		Lagerquist Lori	PA
	Osmun Cathie	PA		Lechner David	MD
	Ostermiller Dana	MD		Roope Beverly	MD
	Peters William	MD		Sargent Richard	MD
	Peterson Erica	MD		Wampler Todd	MD
	Pezzarossi Patricia	MD	<b>Bozeman</b>	Adams Timothy	MD
	Pierson Michelle	MD		Benda Gabor	MD
	Prevost Michael	MD		Borgenicht Kathryn	MD
	Pullara Joseph	MD		Bronsky Sarah	MD
	Purcell III William	MD		Cady Andrea	MD
	Quirk James	MD		Canner Rebecca	MD
	Randak Mark	MD		Comer Keven	CFNP
	Rathe Laura	MD		Conger Kenneth	MD
	Rauh J Randall	MD		Dubravac Stephanie	MD
	Regan Dennis	MD		Edwards Terry	MD
	Reynolds Lordes	MD		Fairbanks Tracy	MD
	Robinson Laura	PA		Feist James	MD
	Rollins James	MD		Fuller Dell	MD
	Roshan Bijan	MD		Gill Scott	MD
	Russell Laine	DO		Gillis Shaun	MD
	Sachs Robert	MD		Hansen Juliet	MD
	Sauer J Patrick	MD		Harris Todd	MD
	Schillo Sherry	MD		Hart Heather	MD
	Seddon Andrew	MD		Hathaway Robert	MD
	Shiotani Glen	MD		Henyon Pepper	MD
	Shomento Stacy	MD			

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE	
	Herring Michael	MD	<b>Columbia Falls</b>	Bowden Mirna	MD	
	Hiebert Pamela	MD		Brandeberry Eric	MD	
	Hildner Thomas	MD		Carlson Mary Ann	MD	
	Hodgson Mark	MD		Clemens Jacqueline	APRN	
	Hoffman David	MD		Cook Julie	NP	
	Holland Patrick	MD		Fields Richard	MD	
	Idzerda Sheila	MD		Gedlaman Derek	DO	
	Izbicki Karen	MD		Miller Joan	MD	
	Kane Rebecca	NP		Pitman Douglas	MD	
	Kirchhoff Colette	MD		Tremper John	MD	
	Krebsbach Eugene	MD		<b>Columbus</b>	Ackerman Lorraine	NP
	Livers Eric	MD			Beamer Mark	MD
	Loeffelholz James	MD			Kane David	MD
	Maleski Teresa	MD			Klee Richard	MD
	McDonnell Christine	MD		<b>Conrad</b>	Harper Daniel	MD
	McInnis Charlene	MD			<b>Corvallis</b>	Courchesne Yvonne
	McLaughlin David	MD		Rudd Jane		MD
	Newman Lori	MD		<b>Culbertson</b>		Kleppen Elizabeth
	Nickisch Steve	MD			<b>Deer Lodge</b>	Bailey Barb
	Omohundro Luke	MD		Corbin Michelle		MD
	Oriet Patricia	MD		Martin Wayne		MD
	Patterson John	MD		Oser Barry		MD
	Persson Anders	MD		<b>Dillon</b>	Blake Curtis	MD
	Peters William	MD			Carrick Patricia	FNP
	Quinn Christine	MD			Grantham Patricia	MD
	Ramsey Leonard	MD	Hansen Burke		MD	
	Robbins John	MD	Hill Nikki		MD	
	Roberts Steven	MD	Loge Ronald		MD	
	Saari George	MD	<b>Drummond</b>	Stinson Kathy	MD	
	Shomento Stacy	MD		<b>Eureka</b>	Sherrick Julie	MD
	Sikoski Peter	MD	Stein Edward		MD	
	Sofianek Joseph	MD	Tremper Jeanne		CNM	
	Sonnenberg Lary	MD	<b>Fairfield</b>	Catron Stephanie	MD	
	Spannring Joan	MD		<b>Florence</b>	Bridges Carol	MD
	Vlases Michael	MD	Hartmann Daniel		MD	
	Waterman Cathy	MD	Hewett Michael		PA	
	Wheeler Heather	MD	Hutton Gregory		MD	
	Whittinghill Susan	MD	<b>Forsyth</b>	Anderson William	MD	
	Wong Alice	MD		Hopwood Donald	MD	
				Whitehead Doug	MD	
<b>Butte</b>	Burton Susan	CNM	<b>Great Falls</b>	Danaher Julie	MD	
	Carrick Patricia	MD		Dixon Suzanne	MD	
	Farrell Michele	CNM		Era Patricia	NP	
	Gould Stanley	MD		Etzel Kelly	MD	
	Healy Sharon	APRN		Feucht Christopher	MD	
	Henke Paul	MD		Flansburg Wendy	MD	
	Popovich Keith	MD		Geiszler Gerald	MD	
	Sironi Rindo	MD		Gold Daniel	MD	
Thuesen Vicki	MD	Gordon Daniel		MD		
Zinser Michael	MD	Harkness James		DO		
<b>Chinook</b>	Dupree Linda	MD				
	White Barry	MD				
<b>Choteau</b>	Moore Caralynn	FNP				
<b>Colstrip</b>	Craig Jackson	PA				
	Kelley John	MD				
	Ortiz Jose	MD				
	Pereles-Ortiz Jeanne	MD				

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE
	Hewett Michael	MD		Nesbo Shawn	MD
	Johnson Marcus	MD		Nolan Michael	MD
	Jorgensen Kathy	MD		Richardson Bruce	MD
	Joyner Donald	MD		Swietnicki Suzanne	MD
	Krauss Kirsten	MD		Ward Mark	DO
	Kuykendall Julie	MD		Williams Aryls	NP
	Legan James	MD			
	Margaris Melchisdek	MD	<b>Helena</b>	Augustine Teresa	MD
	Martin Bryan	MD		Barrey Roger	PA
	Miles Mark	MD		Batey William	MD
	Nauts Daniel	MD		Bower Ryan	MD
	Robbins M Joann	MD		Bristow Donna	FNP
	Strong Holly	MD		Brunsdon Jennifer	MD
	Violett Jodi	MD		Bryant Lynne	NP
	Weiss Laura	MD		Burkholder James	MD
	Wright Patricia	MD		Cody Karen	MD
				Danielson Michelle	MD
<b>Hamilton</b>	Ashcraft Walker	MD		Ditchey-Hellems Susan	CNM
	Borino Teresa	MD		Eodice Diane	MD
	Brouwer Lawrence	MD		Fernandez William	MD
	Courchesne John	MD		Fritz Blayne	MD
	Courchesne Yvonne	MD		Gormely Dawn	NP
	Favara Blaise	MD		Hay Michael	MD
	Forbes Virginia	FNP		Healy Shari	MD
	Harder-Brouwer Kathleen	MD		Hess Phillip	MD
	Heath H Brett	MD		Howell Sheri	MD
	Humphrey Maria	NP		Hunter Kristine	MD
	Jagelski Aaron	MD		Huntley Maria	MD
	Laraway David	MD		Hutchison Mary	NP
	Milch Lisa	MD		Jordan David	MD
	Moran Michael	MD		Justad Jean	MD
	Moreland John	MD		Keefe Erin	MD
	Smith Gary	MD		Kenny Lisa	NP
	Stewart Randy	MD		Kolar Carol	CNM
	Wagner Alexis	FNP		Lagerquist Lori	PA
	White Marshall	MD		Larson Jay	MD
				Lechner David	MD
<b>Hardin</b>	Billin Aaron	MD		Malany Andrew	MD
	Caprata Kim	PA		McMahon Jack	MD
	Cassidy David	MD		McRee Heather	MD
	Greimann Carolyn	MD		Nordwick Nancie	MD
	Kirkland Brenda	MD		Palcisko Michael	MD
	Ostahowski Gary	MD		Porte Donna	MD
	Trevino Carlos	MD		Reynolds John	MD
	Whiting Robert	MD		Riessen Erik	MD
				Roope Beverly	MD
<b>Harlem</b>	Dupree Linda	MD		Sargent Richard	MD
				Seitz Tristan	MD
<b>Harlowton</b>	Ham Tony	MD		Smigaj Denise	NP
	MacCart John	MD		Snider William	MD
	Thompson Dwight	PA		Strekall Michael	MD
	Wolf Mary	MD		Strickler Jeffrey	MD
				Strizich Thomas	MD
<b>Havre</b>	Blossom Mark	MD		Thuesen Vicki	MD
	Booth Thomas	DO		Vanhorsen Jamie	FNP
	Emery Danielle	MD		Wampler Todd	MD
	Henderson Robert	MD		Wiley Frank	MD
	Huffman Phillip	MD		Williams Carla	MD
	Latkovich Katarina	MD		Williams Derek	MD
	Lien Karen (Karrie)	MD		Winfield Linda	NP
	Miller Frank	MD			

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE		
<b>Hot Springs</b>	Brown	Cody	PA	Shanahan	Shawn	NP	
	Catalanello	Mark	MD	Sherrick	Julie	MD	
	Damschen	Rhonda	MD	Sherrick	Robert	MD	
	Drye	John	MD	Simensen	Cathleen	MD	
	French	Dean	MD	Skonord	Karen	NP	
	Gochis	Paul	MD	Smith	Leah	MD	
	Hanson	Gregory	MD	Stratton	Peggy	NP	
	Shear	Alan	PAC	Sullivan	Janna	MD	
<b>Jordan</b>	Muniak	Daniel	PAC	Swanberg	Louise	MD	
				Taylor	Richard	MD	
<b>Kalispell</b>	Anderson	Jonathan	MD	Tremper	Jeanne	CNM	
	Armstrong	Anne	PA	Trimble	Steven	PA	
	Armstrong Jr.	James	MD	Van Belois	Bernadetee	MD	
	Babbitt	Robert	PA	Vanarendonk	John	MD	
	Barinowski	Linh	MD	Violett	Jodi	MD	
	Bates	Julie	MD	Vranish	Loren	MD	
	Bechard	Jason	MD	Walker	Sarah	PAC	
	Birky	Perry	MD	Weber	Kyle	MD	
	Born	Scot	MD	Weiner	Eric	MD	
	Bronson	Kathy	NP	Welch	Mark	MD	
	Bukacek	Ann	MD	White	Elizabeth	MD	
	Burgess	Susanne	MD	Wilder	Wallace	MD	
	Charman	Alison	MD	Winkel	R Dennis	MD	
	Cook	Julie	MD	Wise	Richard	MD	
	Csapler	Laura	MD	Young	Kathleen	MD	
	Davis	Jack	MD	Zander	Melanie	NP	
	Denning	Michele	NP				
	Dixon	Charles	MD	<b>Lakeside</b>	Gullotta	Suzanne	APRN
	Dugan	Shelley	MD	<b>Libby</b>	Bodurtha	Susan	NP
	Dykstra	Lynn	MD	<b>Lincoln</b>	Barrey	Roger	PA
	Evans	Stephen	MD	<b>Livingston</b>	Anderson	Julie	MD
	Fetzer	Candace	MD		Anderson	Julianne	MD
	Fleischer	Lisa	MD		Baskett	Lindsay	MD
	Gill	Christopher	MD		Burwell	Shawn	MD
	Gillette	Dirk	PAC		Flook	Benjamin	MD
	Grossman	Linda	MD		Helin	Denise	MD
	Habel	David	MD		Loh	Johnson	MD
	Harrop	Carol	MD		Noteboom	Dennis	MD
	Highfill	William	MD		O'Hara	Peggy	MD
	Johnson	Marise	MD		Reid	Genevieve	MD
	Jonas	Gwenda	MD		Rowe	Thomas	MD
	Jonas	Kenneth	MD		Scanson	Peggy	NPC
	Knaff	Nancy	NP		Schulein	Mark	MD
	Lavin	John	MD		Scofield	Ted	MD
	Layer	John	MD		Supak	Allan	MD
	Ludden	Charles	MD		Wadle	Douglas	MD
	Martin	Irene	MD				
	Nelson	Douglas	MD	<b>Malta</b>	Blaich	Phillip	MD
	Nelson	Gina	MD		Giblette	Thad	NP
	Nelson	Kathleen	MD				
Oehrtman	Pamela	MD	<b>Miles City</b>	Amsden	Jessica	PAC	
Palchak	Andrew	MD		Base	Stephen	MD	
Peters	Dawn	MD		Cure	Wayne	PA	
Peterson	Dennis	MD		Holland	Randy	PAC	
Ponti	Julie	MD		Maki	Janey	MD	
Rausch	Tracy	MD		Nagel	Ben	PA	
Sax	Karrin	MD		Nass	Omar	MD	
Schilling	Elizabeth	MD					

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE		
	Rauh	Randall	MD	Montgomery	Lynn	MD	
	Reynolds	Lourdes	MD	Moser	Josh	PA	
	Roshan	Bijan	MD	Opper	Mindy	MD	
	Russell	Laine	MD	Panos	Craig	MD	
	Schillo	Sherry	PAC	Peterson	Pam	MD	
	Shiotani	Glenn	MD	Pitt	Jesse	MD	
	Vadheim	A	MD	Pittenger	Leea	MD	
	Winter	Malcolm	MD	Polus	Kelly	PA	
	Young	James	MD	Priddy	Michael	MD	
<b>Missoula</b>	Anderson	Rebecca	MD	Provo	Kristene	MD	
	Anderson	Susan	NP	Quick	Edward	MD	
	Arnold	John	MD	Randall	Thomas	MD	
	Bagnesll	Kelly	MD	Rauch	Kristen	MD	
	Baker	Cheryl	MD	Ravitz	Eric	DO	
	Baumgartner	Thomas	MD	Richards	Lindsay	MD	
	Beckel	Michael	PA	Ries	Justin	MD	
	Bethune	Diedra	MD	Rogers	Kathleen	MD	
	Bridges	Carol	MD	Rogers	Robert	MD	
	Burke	Timothy	MD	Rosquist	Jennifer	MD	
	Carnegie	Margaret	MD	Samsoe	Marjorie	PA	
	Carte	Timothy	MD	Sax	Karrin	NP	
	Cone	Clancy	MD	Scott	Kevin	PA	
	Curtis	Michael	MD	Seitz	Tristan	MD	
	Danaher	Julie	MD	Sienkiewicz	Holly	MD	
	Davis	Carla	MD	Simmons	Sandra	MD	
	Degrazio	Brenda	CNM	Smith	Stephen	MD	
	Delaney	Sharon	MD	Stinson	Kathy	MD	
	Engberg	Lynn	FNP	Swinyard	Michael	MD	
	Everett	Nancy	MD	Taylor	Susan	MD	
	Ferguson	J Paul	MD	Thompson	Beth	MD	
	Garnaas	Mark	MD	Thorsrud	Darci	RN	
	Gerstle	Lawrence	MD	Travis	Lee	MD	
	Gibson	Carla	NP	Troftgruben	Melanie	PA	
	Givler	Janice	MD	Voneschen	Lesley	PA	
	Gorman	David	MD	Wallace	Steven	MD	
	Gottman	Dirk	MD	Webber	Douglas	MD	
	Hansel-Allen	Paula	PA	Westphal	David	MD	
	Harper	Daniel	MD	Whitman	Donna	PA	
	Hartmann	Daniel	MD	<b>Noxon</b>	Catalanello	Mark	MD
	Harvey	Gary	MD		Damschen	Rhonda	MD
	Hewett	Michael	PA		French	Dean	MD
	Hoppe	Candace	MD		Johnskooy	Karin	MD
	Hubbard	Duncan	MD		Shear	Alan	MD
	Hutton	Gregory	MD	<b>Philipsburg</b>	Stinson	Kathy	MD
	Knudsen	Valerie	MD	<b>Plains</b>	Brown	Cody	PA
	Kok	Jodi	MD		Catalanello	Mark	MD
	Kornish	Gloria	PAC		Damschen	Rhonda	MD
	Kornish	Michael	MD		Drye	John	MD
	Kress	Eric	MD		French	Dean	MD
	Laine	Tedd	MD		Hanson	Gregory	MD
	Larson	Jennifer	MD		Mack	Randall	PAC
	Lowder	Thomas	MD		Martin	Irene	MD
	McCoy	Craig	MD		Shear	Alan	MD
	McNerney	Sarah	MD		Stepanski	Suzanne	MD
	Maloney	Edward	MD		Strine	Jennifer	MD
	Marks	R	MD	<b>Plentywood</b>	Stoner	Kirk	MD
	Maynard	Georgia	MD				
	Marx	Laura	FNP				

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE	
<b>Polson</b>	Bagnell	Kelly	MD	:	Vizcarra	Ed	MD	
	Bahnmilller	Daniel	DO		Yoder	Steven	MD	
	Brown	Cody	PA		<b>Sidney</b>	Freisleben-Cook	Lois	MD
	Carte	Tomothy	MD			<b>Stevensville</b>	Baldrige	Teresa
	Cato	Mary	MD		Paul		Mark	MD
	Cullis	William	MD		Livingston		Amanda	MD
	Forney	Alison	MD		Reed		Frank	MD
	Gochis	Paul	MD		Rooley		Beverly	NP
	Gorman	David	MD		Turnbull		Teresa	NP
	Gullotta	Suzanne	APRN		<b>Superior</b>		Beckel	Mike
	Harrop	Cara	MD			Chambers	Laurel	PAC
	Irwin	Stephen	MD			Ornelas	Ernesto	FPN
	Jones	Heather	MD			Park	Yong	MD
	Katsma	Timothy	PA			Smith	Terry	MD
	King	Paula	NP			Tufts	Patrick	MD
	Mangold	Marci	MD			<b>Thompson Falls</b>	Brown	Cody
	Palmieri	Steven	DO		Catalanello		Mark	MD
	Panos	Craig	MD		Damschen		Rhonda	MD
	Probst	Dennis	MD		Drye		John	MD
	Taylor	Susan	MD		French		Dean	MD
	Trudeau	Randy	PAC		Hanson		Gregory	MD
	Velk	Mary	MD		Lovell		Randy	DO
	Vizcarra	Ed	MD		Scarpine	Connie	MD	
	Yoder	Steven	MD		Shear	Alan	MD	
	<b>Red Lodge</b>	George	William		MD	Strine	Jennifer	MD
Hauxwell		Clinton	MD	<b>Townsend</b>	Brown	Laurie	MD	
Mohl		Virginia	MD		Lyson	Linda	NP	
Oley III		William	MD	<b>Whitefish</b>	Beach	Anita	MD	
Quirk		James	MD		Beach	Dennis	MD	
Zavala	Jeffrey	MD	Bowden		Mirna	MD		
<b>Ronan</b>	Avison	Aimee	PA		Charman	Charles	MD	
	Bahnmilller	Daniel	DO		Copps	Emily	MD	
	Bodurtha	Susan	MD		Daniell	Suzanne	MD	
	Cullis	William	MD		Erickson	Jay	MD	
	Gill	Christopher	MD		Holdhusen	Christopher	MD	
	Gochis	Paul	MD		Kalbfleish	John	MD	
	Harrop	Cara	MD		Miller	Jon	MD	
	Jones	Heather	MD		Munzing	Daniel	MD	
	Mangold	Marci	MD		Neff	Kathryn	MD	
	Martin	Wayne	MD		Sherrick	Julie	MD	
	Trudeau	Randy	PAC	Tremper	Jeanne	CNM		
	Velk	Mary	MD	<b>Whitehall</b>	Reiff	Terry	DO	
	Vizcarra	Ed	MD		Sacry	Gayle	MD	
Yoder	Steven	MD	<b>White Sulphur Springs</b>	Brown	Laurie	PA		
<b>Roundup</b>	Madi	Ahmed		MD	Bullington	Ben	MD	
	Schellenger	James		MD	Dreblow	Scott	MD	
	Subramanian	Sanjay		MD	Steinberg	Marc	MD	
	Zohary	Hossam		MD	<b>St. Ignatius</b>	Bahnmilller	Daniel	DO
<b>St. Ignatius</b>	Cullis	William		MD		Cullis	William	MD
	Davis	Victor		MD		Davis	Victor	MD
	Gochis	Paul	MD	Gochis	Paul	MD		
Jones	Heather	MD	Jones	Heather	MD			
Mangold	Marci	MD	Mangold	Marci	MD			
Trudeau	Randy	PAC	Trudeau	Randy	PAC			
Velk	Mary	MD	Velk	Mary	MD			

# PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY		
<b>Absarokee</b>	Exley	Jack	Family Practice	Ragar	Todd	Family Practice	
	Ragar	Todd	Family Practice	Roane	Douglas	Internal Medicine	
<b>Anaconda</b>	Connors	Stacie	Pediatrics	Schnitzer	Brian	Family Practice	
	Robison	Jill	Pediatrics	Sears	Scott	Internal Medicine	
<b>Billings</b>	Anderson	Richard	Internal Medicine	Shaub	Stephen	Family Practice	
	Bailey	Ieva	OB & GYN	Sorensen	Neal	Internal Medicine	
	Beijer	Kerstin	Family Practice	Standish	David	Pediatrics	
	Bullman	Jon	Family Practice	Stanley	Merrill	Family Practice	
	Busch	Byron	Internal Medicine	Steffen	Kari	Pediatrics	
	Campbell	Bruce	Family Practice	Stevens	Richard	Pediatrics	
	Center	Dean	Family Practice	Tapia	Lionel	Pediatrics	
	Chisdak	Jami	OB & GYN	Thompson	Frank	Family Practice	
	Collett	Gordon	Pediatrics	Wickstrom	Glenda	Internal Medicine	
	Cook	Cheryl	Internal Medicine	Williams	Joyce	Internal Medicine	
	Crichlow	Renee	Family Practice	Williamson	Steven	Family Practice	
	Dahl	Chimene	OB & GYN	Winbush	Nicole	Family Practice	
	Dietrich	Janet	OB & GYN	<b>Bridger</b>	Exley	Jack	Family Practice
	Etchart	Leonard	Internal Medicine	<b>Butte</b>	Bartakke	Swaroop	Internal Medicine
	Ezell	Douglas	OB & GYN	Bodine	Jonathan	Internal Medicine	
	Fahrenwald	Roxanne	Family Practice	Brown	James	Pediatrics	
	Fishburn	Amy	Internal Medicine	Carrick	Patricia	Family Practice	
	Forseth	Hal	OB & GYN	Chamberlain	David	Internal Medicine	
	Fritz	Stephen	Internal Medicine	Chopyak	Joseph	Family Practice	
	Fuller	Bradley	Internal Medicine	Cortese	Florian	Internal Medicine	
	Gerbasi	Paolo	Family Practice	Ellis	William	Family Practice	
	Gobin	Mark	Internal Medicine	Gould	Stanley	OB & GYN	
	Gray	Jimmy	Internal Medicine	Graham	Kenneth	Pediatrics	
	Guyer	James	Family Practice	Healy	Shari	Family Practice	
	Hagan	Michael	Internal Medicine	Henke	Paul	OB & GYN	
	Hager	Dwight	Family Practice	Hunt	Kenneth	Family Practice	
	Hinshaw	James	OB & GYN	Karmaker	Nivedita	Pediatrics	
	Hugelen	Julie	Family Practice	Kautzman	Jessie	Family Practice	
	James	Thomas	Family Practice	Kronenberger	Brett	Internal Medicine	
	Johnson	David	Internal Medicine	Kumar	Rakesh	Internal Medicine	
	Johnson	Jeffrey	Internal Medicine	LeFever	Michael	Family Practice	
	Johnson	Vernon	Family Practice	McGree	Patrick	Family Practice	
	Jozwiak	Mary	Internal Medicine	McGuire	Christine	Family Practice	
	Kadri	Abdulmajeed	Internal Medicine	Mosqueda	Eric	Pediatrics	
Kadri	Kathie	Internal Medicine	Mulcaire-Jones	George	Family Practice		
Kent	Thomas	OB & GYN	Munro	Leslie	Geriatrics		
Kirkland	Brenda	Family Practice	O'Brien	Al	Family Practice		
Kummer	Marian	Pediatrics	Payne	Jeri	Family Practice		
Langohr	Janis	Pediatrics	Popovich	Keith	Internal Medicine		
Lindley	Jeff	Family Practice	Pullman	John	Internal Medicine		
Malloy	John	Family Practice	Russell	Kathy	Family Practice		
Malters	Edward	Internal Medicine	Sager	Wayne	Pediatrics		
McClave	Charles	Internal Medicine	Salisbury	Dennis	Family Practice		
Mehia	Denise	Internal Medicine	Salisbury	Jessie	Pediatrics		
Metzger	Michael	Internal Medicine	Sessions	Lisa	Family Practice		
Michels	Frank	Family Practice	Shepherd	Susan	Pediatrics		
Molloy	Daniel	OB & GYN	Siddoway	Paul	Internal Medicine		
Moore	Douglas	Family Practice	Sironi	Rindo	OB & GYN		
Neuhoff	Douglas	OB & GYN	Taverna	Jacob	Internal Medicine		
Nichols	Robert	Family Practice	Thuesen	Vicki	Family Practice		
Nicholson	Laura	Pediatrics	Wilson	Judy	Internal Medicine		
Petersen	Susan	Family Practice	<b>DeerLodge</b>	Bailey	Barb	Family Practice	
Peterson	Erica	Family Practice	Corbin	Michelle	Family Practice		
Plummer	L. Eugene	Family Practice					

# PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY
	Martin	Wayne	Family Practice
	Oser	J. Barry	Family Practice
<b>Forsyth</b>	Anderson	William	Family Practice
<b>Hardin</b>	Billin	Aaron	Family Practice
	Campbell	Bruce	Family Practice
	Greimann	Carolyn	Family Practice
	Ostahowski	Gary	Family Practice
<b>Laurel</b>	Forseth	Lori	Family Practice
	Hager	Dwight	Family Practice
	McCrea	Kevin	Family Practice
	Richardson	E. Lee	Family Practice
	Ulrich	Robert	Family Practice
	VanNice	Robert	Family Practice
<b>Red Lodge</b>	Fouts	Thomas	Family Practice
	Zavala	Jeffrey	Family Practice
<b>Worden</b>	Stanley	Merrill	Family Practice

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